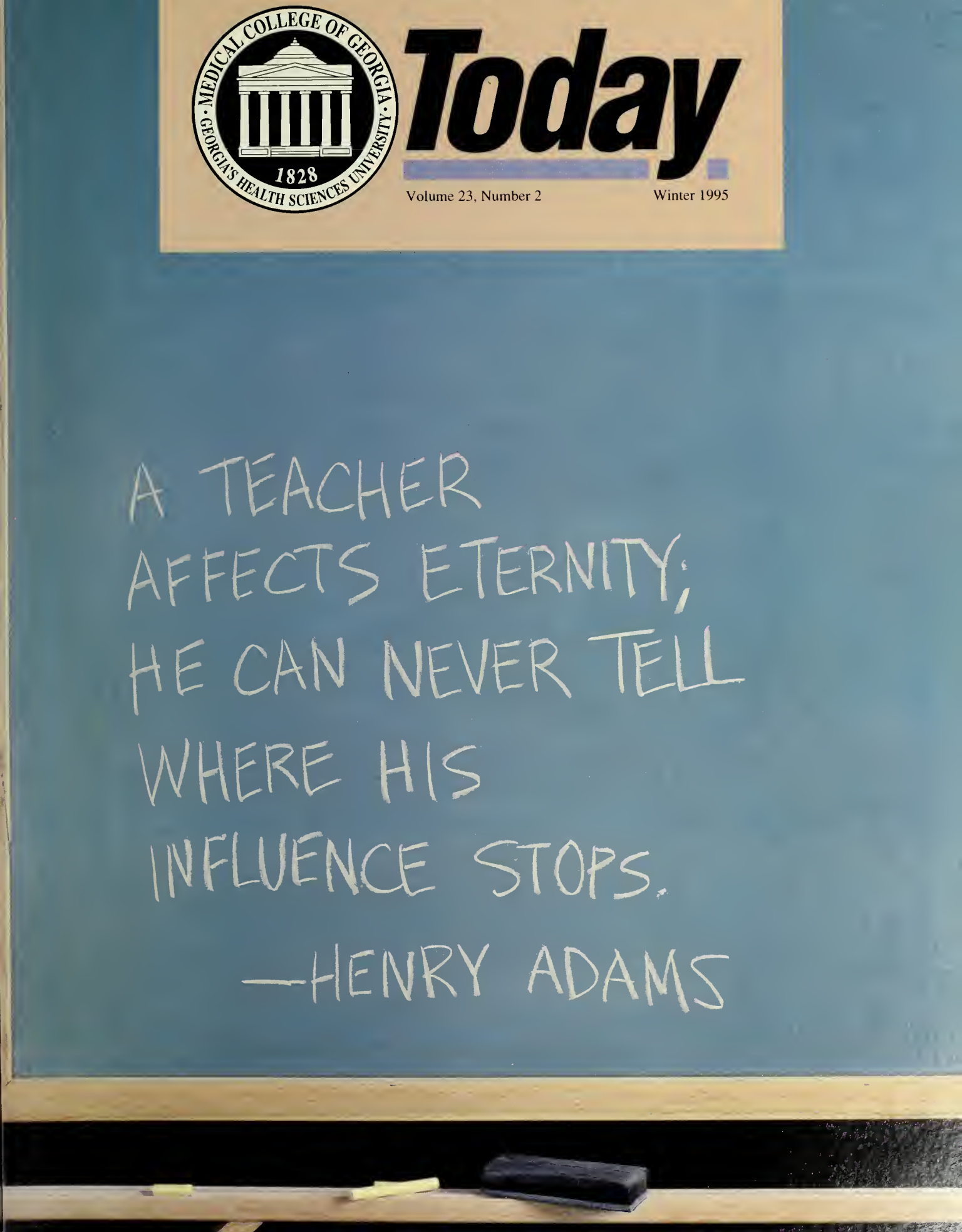
MEDICAL COLLEGE OF GEORGIA · GEORGIA'S HEALTH SCIENCES UNIVERSITY · 1828

Today

Volume 23, Number 2 Winter 1995



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Today

Volume 23, Number 2 Winter 1995

Introduction

The vast changes that have swept the Medical College of Georgia in the past few years likely haven't gone unnoticed by anyone affiliated with the institution. New research initiatives, departments, buildings and innovations such as telemedicine have increasingly enhanced the university's prestige.

But MCG has never lost sight of its original mission, set forth by its founders 167 years ago. The driving motivation of Dr. Milton Antony and his colleagues in 1828 was to provide a second-to-none education for those who chose to devote their lives to health care. The university is just as committed to that goal now as it was then.

This edition of *Medical College of Georgia Today* celebrates that commitment. We invite you to read about educational initiatives at MCG and how they are shaping our students' lives. Lots of things haven't changed: education's preeminent role at MCG, its emphasis on supporting students individually as well as academically, its dedicated and outstanding faculty. But lots of things have changed: the use of innovations such as multimedia computer technology in the classroom; new teaching styles and concepts such as problem-based learning; and even long-distance learning. We think alumni will be amazed at how education is evolving at MCG.

But the high-tech developments pale in comparison to the human touch that has always distinguished our educational mission. Sure, our students are learning when they deliver health care to the homeless or immunize low-income children, but they're also serving the community and broadening their perspective of world. And that's what education is all about. ■

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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health-care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

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Practice Makes Perfect

On an October Thursday afternoon in Jesup, Ga., patient Rhonda Wright gives third-year medical student Toni Williams some idea about the disease that has plagued her since she was 21.

"I would wake up, my hands and feet burning. I didn't want bed covers to touch my feet. The house would be fairly warm and when I would get out of the shower, all of the sudden, bam, all the blood would go out of my hands," Mrs. Wright tells Toni.

Her body gives more clues. Some of her fingertips are missing. She points to the loss of muscle tone in the lower part of her legs. Toni sits close and listens to the longtime patient of family physician Dr. Ollie O. McGahee Jr. She tries to ask questions, but Mrs. Wright is the one making the calls on how much information she gives the third-year student doing a family medicine clerkship in Jesup.

"My parotid glands are gone. I have no tears, I have no saliva. I can't spit on you if you make me mad. I've had my esophagus dilated several times but it doesn't last long," she tells Toni, as she describes the fact that she can't even swallow her medication.

Toni notes that many of Mrs. Wright's problems are rheumatological and surmises that she has lupus, a disease in which the immune system turns on healthy body tissue.

Mrs. Wright grins and tells Toni she's only the third medical student spending time in the four-man, South Georgia family practice, to get the diagnosis right.

"The main thing I tell [medical students] is to have a good bedside manner," says Mrs. Wright, who enjoys quizzing the students who have come to Dr. McGahee's office for 13 years. "If the patient is nasty...still be nice, because you really don't know what they're going through. Some patients are scared. They don't know what's happening. Just sit down and talk to them."

Dr. Ollie McGahee, Toni Williams examine patient

On an October Tuesday afternoon on the Medical College of Georgia campus, six students sit in a circle discussing the case of a 14-year-old obese female who shows up at an emergency room in Washington, Ga., complaining of a stomachache and headache. She is also pregnant.

The patient's problems are real enough, but the patient is really a composite of those seen by physicians at MCG. She serves as a model for these second-year medical students who assessed her problems in an earlier class and have gathered again that afternoon to discuss what they have found that might help explain the patient's clinical and social situation.

Dr. Andy Albritton, general internist and problem-based learning course director, sits in the circle stimulating conversation, but not directing it.

"I'm just the coach. It's their responsibility to learn as a student-driven process," Dr. Albritton says. "In most courses which are lecture-based, the student's role is very passive. The student sits and listens. The expert talks. In problem-based learning, the pendulum shifts and the students are responsible for what they learn and the resources they access to learn it."

Allen Butler and Dr. James L. Lemley

On an October Friday afternoon in Thomson, Ga., first-year medical student Allen Butler is at the side of Dr. James L. Lemley, family physician.

"I've had all kinds of problems," says Faye Wilkerson, Dr. Lemley's patient for five years.

"She has diabetes, elevated cholesterol, her coronary arteries spasm from time to time. She's had blood clots and pulmonary emboli, acid buildup. You name it, she's had it," her doctor says.

"We've been through a lot, haven't we?" Mrs. Wilkerson responds. "I gave him all that gray hair."

Dr. Lemley also took care of Mrs. Wilkerson's mother until she died and still cares for her brother and sister.

That's what family medicine is and that's what Dr. Lemley hopes to show first-year students taking the patient-doctor course. This course sends pairs of first-year students out six afternoons each year to 50 practice sites in Augusta and Aiken, S.C., as well as more-rural sites such as Thomson, Lincolnton, Waynesboro and Washington, Ga., and Clearwater, S.C.

Problem-based learning course

Dr. Jacqueline W. Fincher and Ann Butler

"We were a little scared at first," Allen says of himself and classmate Ann Butler. "Dr. Lemley has allowed us to go and talk to patients…. You go out and you actually see medicine."

"They are really excited about it," Dr. Lemley says. "Believe it or not, they really go into medicine and think they can save the world and they are very altruistic. And that's refreshing, because so much of what we are confronted with in medicine are things like drug abuse and health-care reform. These medical students want to become doctors. Their enthusiasm helps me, too," said the 1985 graduate of MCG who also completed his family medicine training at MCG before joining a four-person practice that includes his father, Dr. John W. Lemley, a 1957 graduate of the University of Pittsburgh School of Medicine; his brother, Dr. Robert K. Lemley, MCG class of 1987; and his wife, Dr. Jacqueline W. Fincher, MCG class of 1985.

"I want to teach them that medicine is fun. I want to teach them that it's OK to care about your patients and to get to know your patients. I really believe in what I do and in the practice of medicine," he says of why he takes the time to work with these students. "It's kind of giving back. MCG and the Department of Family Medicine provided a wonderful learning environment for me. I believe this program is an excellent way to contribute to that environment."

Practice Makes Perfect

"Traditionally, MCG has graduated very well-educated medical students, as evidenced, in part, by the feedback we get from residency training programs after they graduate," says Dr. Ruth-Marie Fincher, vice dean for academic affairs in the School of Medicine.

Since 1991, the curriculum office has been surveying post-graduate training sites where MCG students go, asking program directors how MCG students rank and asking former students how well-prepared they feel.

The surveys determined that about two-thirds of MCG's medical students are in the upper half of their post-graduate group; responses have been similarly positive from the students themselves, Dr. Fincher says.

But in a dynamic profession where medical journals are spilling out new information and where the how-to's of practice are changing, medical education also must be constantly evaluated to ensure that students leave campus as well-educated doctors who know how to stay that way.

"I think I labored under a misconception that when I finished my residency program, I was as well-trained as I was going to be," Dr. Fincher says.

Today, as a practicing internist and educator, she knows that physicians must be highly motivated, self-directed learners. She also knows that more of this country's physicians need to be in primary care—family medicine, internal medicine and general pediatrics. "If 50 percent of graduates from all medical schools entered primary-care practices, it would take until about 2040 to meet the current estimates of need," Dr. Fincher says.

The concepts of self-directed learning and primary care appear to be working in concert at MCG to make today's medical education more student-involved, student-driven and student-friendly.

"MCG and the state of Georgia are deeply committed to the education of physicians who, at the time they graduate from medical school, have the background tools to be successful in any specialty. But we are also dedicated to having more of our students, over the next several years, choose to become some type of primary-care physician," Dr. Fincher said.

The Generalist Physician Initiative, funded in part by the Robert Wood Johnson Foundation, is helping make these goals reality by putting MCG at the forefront of re-examining medical education from the admissions process on.

"There are still medical schools that do not have a Department of Family Medicine or a core clerkship in family medicine," Dr. Fincher. Today at MCG, 50 percent of a junior student's time is spent doing primary-care clerkships.

Dr. Jay Varma, family physician and director of the new patient-doctor course being taught in towns such as Thomson, Ga., remembers his own medical education at Grant Medical College in Bombay, India, one of the first medical schools started in India by the British government. "I felt that it would be very helpful if I were to go and talk to a physician in a hospital or in practice who could show me the relevance of whatever I was learning in physiology and anatomy and biochemistry. How am I going to apply all that?"

He admits that the endless lecture courses were tedious and somewhat boring. "I decided at that time that if ever in the future I had the opportunity to create something, I would do it," Dr. Varma says.

Medical education at MCG and at most medical schools has been fairly traditional. "Basically in the first year, you learn normal structure and function by studying anatomy, physiology, biochemistry," Dr. Fincher says. "In the second year, you study the abnormal of the disciplines for which you have learned the normal—for example, instead of physiology, you study pathophysiology."

For more than 20 years, most schools, including MCG, have given students a dab of patient care in between their first two years of book learning.

Now at MCG, courses in introduction to clinical medicine and physical diagnosis teach students techniques for history-taking and physical examination, with first-year students practicing the techniques on each other and second-year students actually seeing patients.

"First-year medical students have traditionally, I think, been starved for a glimpse of clinical practice," Dr. Fincher says.

Now first-year students such as Allen and Ann are getting their glimpses in the patient-doctor course, and, because it's time spent working alongside primary-care providers such as Dr. Lemley, this course also helps address the fact that Georgia and the nation are starving for primary-care providers.

"I see it basically as a tool to impress upon the medical students the importance of learning basic sciences and its application later in actual patient care," Dr. Varma says of the new course. "It is also a tool to demonstrate to the medical students that super-specialization is not the only way to practice medicine. You can be a family physician and make a major contribution to the community and to society. The same is true with general pediatrics and internal medicine."

The idea that seeing is believing is not a new one at MCG, says Dr. Joseph Hobbs, family medicine physician, associate dean for primary care and director of the 13-year-old primary-care clerkship program, such as the one in Jesup with Dr. McGahee.

In 1980, MCG's curriculum committee and Department of Family Medicine faculty already were concerned about the shortage of primary-care physicians that existed in rural areas and students' lack of primary-care experience that might lead them to those areas. "If all of those students were going to practice in a setting of a tertiary hospital, I guess that would make sense. But that's not the case," Dr. Hobbs says. "Students had kind of a warped sense about what community-based physicians could do."

With funding from the MCG School of Medicine, the family medicine clerkship became the school's first required rotation exclusively for primary care. It also became the first to send students off campus to sites across Georgia; today, there are 14 family medicine clerkships in places such as Jesup, Savannah and Blackshear, Ga., and Edgefield, S.C.

"That's the goal of the clerkship, to make sure that every student, not just those who go into family medicine, understands full-well the importance of family dynamics in the provision of health care so that the patient and his family don't get lost in the technology we are using to

take care of the disease," Dr. Hobbs says.

"I think a person who goes to the doctor should be able to go to somebody who is caring about them—not their pneumonia, not their heart," says Dr. McGahee. "Yes, you've got to care about their heart attack, but you've also got to care about the person and take care of him."

To ensure that students in the family medicine clerkships also learn about the pneumonias and heart attacks, students' performances have been evaluated and found to be as good as those learning in more traditional teaching sites, such as the MCG campus. Several site visits a year to clerkship locations and regular group conferences to discuss problems and curriculum changes further strengthen the ties between the clerkship sites and MCG.

"Community doctors who participate in the clerkship program are truly a part of the process. They actually help us create a good experience by providing their input on how the educational process should happen in these settings. We suggest the result is that not only does learning occur, it may occur in a more student-friendly setting in those communities," Dr. Hobbs says, referring to students working one-on-one with private practitioners such as Dr. McGahee, who sees to it that students have a furnished house two blocks away from his office and that they eat free at Wayne Memorial Hospital.

"I've heard from other students who have come here in the last couple of years that you are going to learn a lot, you get to do a lot," says Toni, the third-year student on her third day in Jesup. "We are all ready to do and not just stand back and watch, and I can tell I'm going to get to do that here."

—TONI BAKER

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HITTING THE GROUND Running

Ronald Dandy had the summer of '93 all mapped out. He wanted peace and quiet. Period.

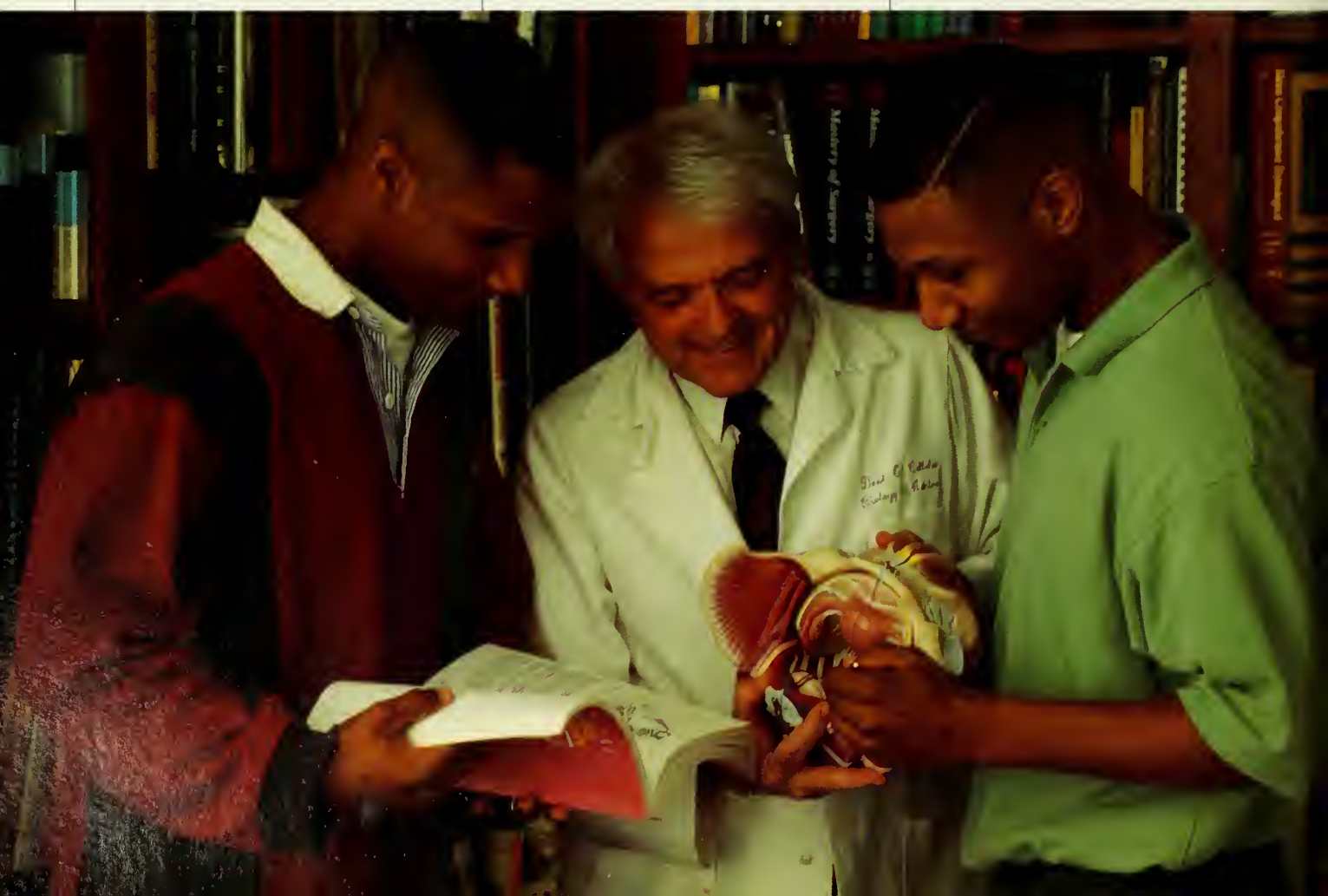
He'd just completed four years of hard work at Xavier University in New Orleans, earning top grades as an undergraduate. He figured he deserved a break before beginning the rigors of medical school.

So when the Medical College of Georgia invited him to participate in a summer pre-enrollment program designed to enhance his performance, he opted to pass. His twin brother, Russell, jumped at the chance. But Ronald yearned for relaxation, and the beach in his hometown of Savannah was beckoning, and.... He'd do just fine in medical school without the program, he reasoned.

His mom reasoned differently. She hastily called a "family meeting" and informed Ronald that he wasn't the type to pass up an opportunity, even if it meant a summer of hard work. Besides, she reminded him, he was accustomed to hard work. "She told me I should come if I wanted to get ahead," Ronald recalled.

So he and brother Russell packed up and headed to Augusta.

The MCG Prematriculation Program began in 1980 as an effort to bolster the retention rates of minority students at MCG, said Dr. Al Hesser, an associate director with MCG's Student Education Enrichment Programs. The program, which can last from four to eight weeks depending on the student's school affiliation, offers intensive instruction in some of the courses the students will take while



Ronald and Russell Dandy with Dr. Gene Colborn

at MCG. Participants' performance is evaluated just as it would be in regular classes, but their grades are not for credit. Students are invited to live in campus dormitories during the program, and all expenses are paid.

All entering-freshman African American students and other underrepresented minorities in dentistry, graduate studies and medicine are invited to participate, as are other select nontraditional students. Two-hundred and fifty-eight students have completed the program since its inception. In the summer of '94, 15 students participated, of whom 12 were African American, two Caucasian and one Asian American; nine were female.

Ronald, who participated the year before, recalls it as the toughest but most productive summer of his life.

"It's the hardest experience I've ever had. The first year of medical school was a breeze compared to that." He took the maximum course load, beginning with a three-and-a-half-week medical gross anatomy course directed by Dr. Gene Colborn, followed by four weeks of a learning-skills workshop, biochemistry, physiology, medical terminology and more anatomy.

Dr. Colborn sets no higher standards than for his prematriculation course and covers a chapter a day. "I was in my classes from 8:30 a.m. to 5 p.m, then in the lab from 6 p.m. until midnight," Ronald said. "I was also in the lab on weekends." And what kept him going throughout such a grueling schedule?

"You're really motivated; you want to do well," Ronald said, noting the constant encouragement of his teachers, with whom he developed a quick rapport.

Ronald performed well enough in his classes to tutor several classes during his freshman year. He also spent the summer of '94 as a teaching assistant and student moderator for the prematriculation program, cheering the participants on and helping them through the rough spots. He also called invitees and encouraged them to participate.

"I told them it helps you hit the ground running when you start your first year," he said. "Once you start the classes your freshman year, you already have a basis for the information, so you know where to file it in your mind."

Angela Harper, a first-year medical student who participated in the program during the summer, concurs. "Just being exposed to the course load—getting a head start on certain concepts and meeting professors—was a big help," she said. "I'm doing extremely well in anatomy this quarter, and I had a hard time with it (during the prematriculation program). It was much harder than I anticipated."

The success of the prematriculation program lies in well-motivated students, a long history of faculty support and sustained administrative commitment. It is a strategy adopted by a lot of schools, but MCG was one of the first to get involved, and other schools have modeled their programs on ours.

Dr. Mohamed Sharawy, professor and director of anatomy at the MCG School of Dentistry, has taught anatomy to dental students in the prematriculation program since its inception and agrees that the results are impressive.

"It serves a very good purpose," he said. "We give them sort of a taste of what they will have fall quarter. The students tend to perform very well in the fall because they're prepared." He and colleague Dr. Frank Lake, who teaches the course with him, generally keep up with the students throughout their education and find that most do very well.

Both Ronald and Angela also considered the social component of the program invaluable.

"I was able to meet most of my fellow minority classmates during the prematriculation program, so even before school started, I had buddies and study partners," Ronald said. "I also met upperclassmen, and the professors already knew me by name. I think the program definitely gives you a basis for social academics—meeting friends to help you succeed academically."

"The people from the prematriculation program are almost like family," Angela said. "And the older students I met were very influential. Everyone kept telling us that people at MCG get along; this isn't a cut-throat school. I like the idea of everybody helping each other."

Indeed, Dr. Hesser said, social acclimation is one major goal of the program. Social adjustment is particularly crucial for minorities, he said. African American students, for instance, have to contend with their distinctly minority status. Ronald is among 10 African Americans in a class of 180. He's a natural extrovert who gets along well with just about everybody, but he's grateful for the built-in support system that the prematriculation program provided. "It establishes a social base from which to build," he said.

"By nature, students like Ronald and Angela are achievers," Dr. Hesser said. "For most, with or without incentives, they'll succeed. But I think it's easier for minorities to launch into the rigors of academic life if they have a solid social foundation from which to launch."

The program also helps students prepare for the virtually inevitable psychological stresses of doctoral-level education. "There's a psychological adjustment students go through their first year of school," Dr. Hesser said. "We call it finding your psychological niche. That's a major adjustment. Sometimes students' academic problems have causes that aren't academic in nature. By helping students establish a solid support network on campus, we hope to reduce the chance that a minority student will not succeed because of such problems."

Past participants give the program high marks overall. A hundred percent reported in a recent survey that the program promoted their academic adjustment to MCG; 88 percent said they had to chance to get to know upperclassmen in their schools and 94 percent said they had the chance to get to know their faculty. Ninety-four percent said the program enhanced their social adjustment both to MCG and to Augusta. They also gave high marks to their individual courses during the program.

"The success of the program lies in well-motivated students, a long history of faculty support and sustained administrative commitment," Dr. Hesser said. "(Prematriculation) is a strategy adopted by a lot of schools, but MCG was one of the first to get involved, and other schools have modeled their programs on ours."

Ronald, who plans to become an ophthalmologist, is immensely grateful he took his mother's advice and participated in the program. "I attribute much of my first-year success to the program," he said. "I would have made it without it, but not nearly as easily." ■

—CHRISTINE HURLEY DERISO

G O I N G T H E

Tim Wigginton plans to visit the Medical College of Georgia for the first time this June, when he will graduate from the university's medical technology program.

Tim and six other medical laboratory technicians in the Dalton, Ga., area are earning their bachelor's degrees in medical technology through the use of distance-learning equipment.

"In areas of the state such as northwest Georgia, two-year associate-degree programs for medical technicians are available, but there have been no four-year baccalaureate programs in medical technology," said Dr. Julia Crowley, chairman of the MCG Department of Medical Technology. "Students who wanted to continue their education would have to move to Augusta or Atlanta to earn their degree, and many of them can't do that, because they have families and jobs."

The Dalton students attend lectures at the same time their Augusta counterparts do, on Tuesday and Thursday afternoons. Each group's laboratory work is individualized, as all of the Dalton students have already completed an associate's degree in medical technology and are working full-time as medical laboratory technicians in hospitals in the area. It takes four quarters for them to complete the course and lab work for their degree, and the first class entered the program in June 1994.

"Nobody up here could just quit work and go to school, so the program had to be structured around us having full-time jobs, and lectures are held two days a week," Tim said. "The hospital was very willing to work with me. It's better for them and better for me, so they were very willing to help all of us go back to school.

"I couldn't drive all the way to Augusta for school and live and work up here, and it wouldn't make any sense for me to ask my wife to quit her job and move to Augusta for a year. If this program weren't available, I wouldn't be able to get my bachelor's degree."

Both MCG and Dalton College have distance-learning equipment. Video and audio signals are sent back and forth through specialized telephone cabling,

T U N I N G I N

Dr. Charlotte Johnston, chairman of the Department of Health Information Management at the Medical College of Georgia, used to drive to Atlanta every Saturday morning to teach a group of students at DeKalb College. Now she drives only as far as the MCG library.

"We began teaching students in Atlanta in winter 1993, and I went to DeKalb College on Saturdays to teach them," Dr. Johnston said. "But once the distance-learning equipment was up and operational last spring, we began teaching them from Augusta." The department was the first on campus to offer a bachelor's degree via distance-learning.

Students applying for the program in Atlanta must meet the same prerequisites as students applying to attend school in Augusta, and both groups will earn degrees from MCG. They take two years of prescribed undergraduate courses before entering the health information management program.

The difference is that students in Augusta attend class full time and will graduate in two years, whereas most of the Atlanta students work full time and attend classes twice a week, on Wednesday evenings and Saturday mornings. It takes three years for them to earn their bachelor's degree. The first group of Atlanta students will graduate in the spring of 1996, according to Dr. Johnston.

The program has proven successful, with approximately 30 students now attending classes at DeKalb College.

"I think it takes a little getting used to, teaching class over television, but I think that what we are offering is very valuable," said Mariann Ogilvie, who teaches computer science to both the Augusta and Atlanta health information management students. "We are offering them specialized training, a bachelor's degree, high-quality instruction, from faculty at a strong institution, and that's something that these students wouldn't otherwise be able to receive."

—INGRID HEGGOY

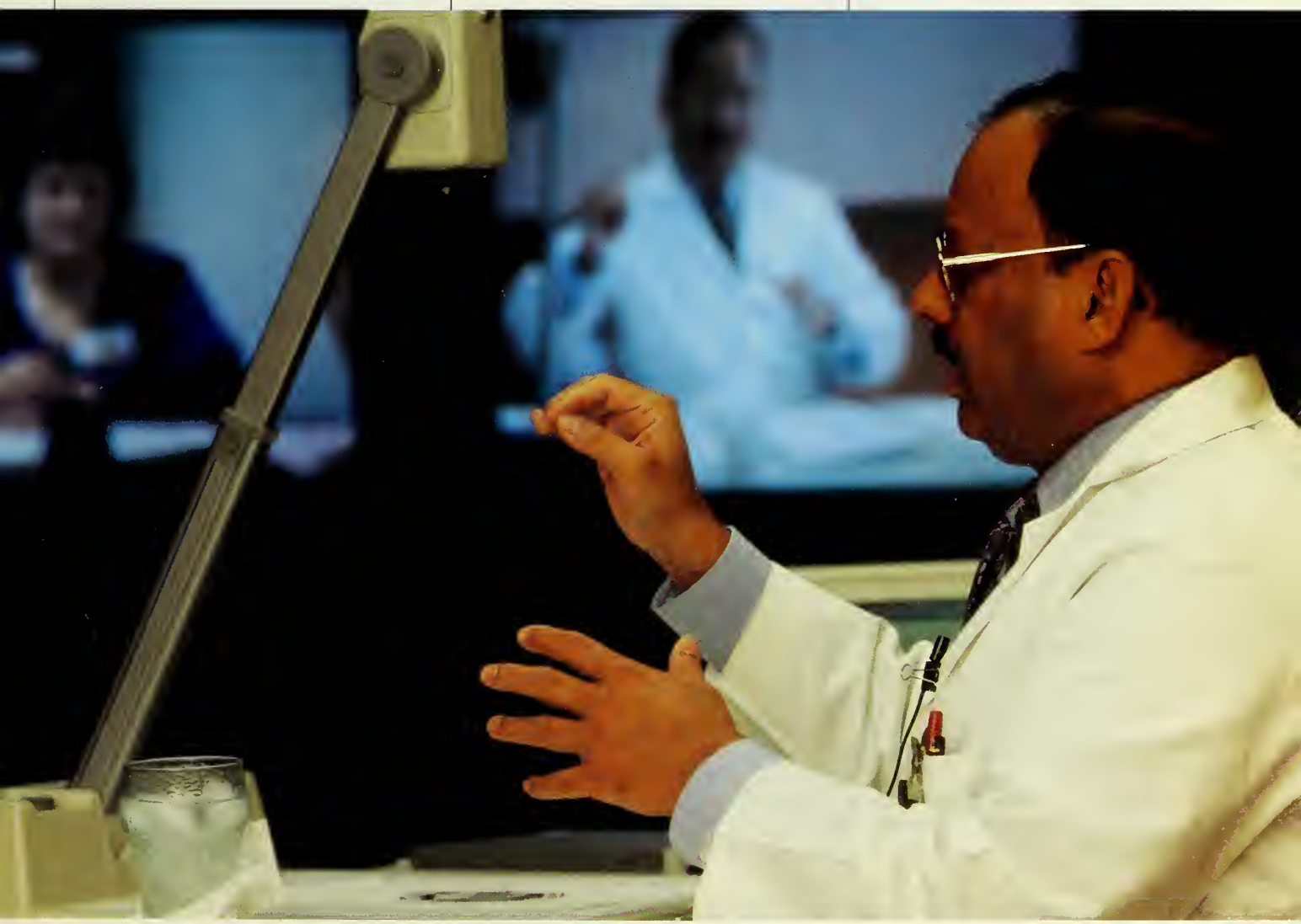
and cameras in the front and back of each room let instructors and students see each other. A still camera allows instructors to display photographs, slides and other materials, and the instructors also can hook up a computer directly to the system, allowing them to display and transmit text and graphics from the computer.

Instructors provide time before and after lectures to answer student questions or provide additional help, and the department has a toll-free number students can call if they need additional assistance from an instructor. "We generally also provide them with our home phone numbers, so they can reach us if they need us, whether or not it is during regular work hours," Dr. Crowley said.

"To me, it's not that much different than teaching a traditional lecture," said A. Hamid Shaikh, associate professor in the Department of Medical Technology, who teaches clinical chemistry to the students. "I'm presenting the same material to my students, whether they are in front of me in person or on the video monitor, and they are able to communicate with me."

The students have developed a friendly rivalry. During summer quarter, instructor Dr. Sharon Martin reviewed material for tests with a quiz format, pitting Team Dalton and Team Augusta against each other, and the two groups compete to see who does better on tests. "I think it's fun, and it's good for both groups," Tim said.

The interaction also has been helpful for the Augusta students, who have not yet worked in the field, according to Dr. Crowley. "It gives the on-campus students an opportunity to discuss matters with the off-campus students, who have daily professional experience in the field."



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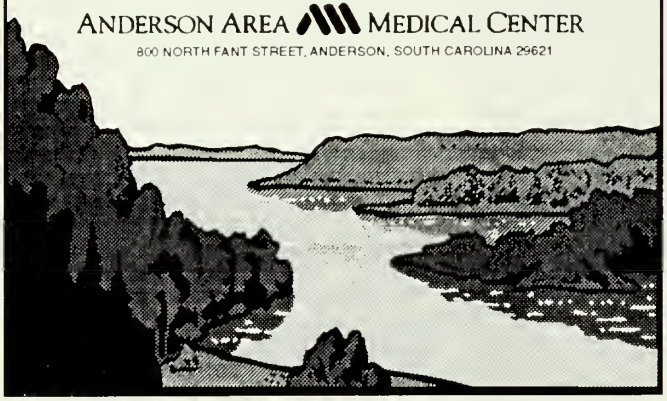

The program, which began last summer, was started through the efforts of Doris Shoemaker, director of the medical laboratory technician program at Dalton College, and Dr. Crowley. "We started our associate's degree program in 1970," Ms. Shoemaker said. "Over the years, I've had a lot of former students ask me when we were going to start a bachelor's degree program here, so last year I contacted Dr. Crowley to see if we could work out a program. We got the grant (a three-year, $300,000 grant from the U.S. Health Resources and Services Administration of the U.S. Public Health Service), and MCG faculty were going to come up here to teach, but then we got the distance-learning equipment.

"This program is really important for our area. There are a limited number of medical technologists here, because there has been no program, and state law requires that there is a medical technologist on duty on the hospital premises at all times."

Next year's class of 10 students has been accepted, and Ms. Shoemaker is already getting requests concerning the class for 1996. Beginning this summer, the program is scheduled to expand to Darton College in Albany, in southwest Georgia, another area in need of medical technologists. Once classes begin in Albany, approximately half of the department's students will be located off campus—15 to 20 students in Augusta, 10 in Dalton and approximately six in Albany.

"We could potentially graduate 20 to 30 more medical technologists a year in areas of the state where they are needed," Dr. Crowley said. "As we become more comfortable with the equipment, then, essentially, where we can go with it is unlimited. We could go all over the world." ■

—INGRID HEGGOY

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AlumNews

Homecoming Slated May 4-7

The Medical College of Georgia will celebrate Homecoming 1995 May 4-7. Alumni may register for homecoming events by calling Tammy Berry or Cheryl Lovett with the Alumni Office at 1-800-869-1113. A brochure with a reservation form will be mailed in early March.

On-site registration will take place Thursday, May 4, from 9 a.m. to 2 p.m.; Friday, May 5 from 9 a.m. to 4 p.m.; and Saturday, May 6, from 9 a.m. to 4 p.m. in the lobby of the MCG Alumni Center.

A hospitality suite will be open 9 a.m. to midnight May 5-6 at the Radisson Riverfront Hotel.

Homecoming activities are:*

Thursday, May 4

- Graduate Studies Distinguished Alumnus Award presentation/ lecture, noon, Robert B. Greenblatt, M.D. Library, room 108.
- Graduate Studies Luncheon, 1:30 p.m., Eugene E. Murphey Pathology Building, conference room.
- Robert G. Ellison Sr., M.D. Symposium, time to be announced, Radisson Riverfront Hotel. More details to follow.

Friday, May 5

- Dental hygiene program, 7:45 a.m. to 5 p.m., MCG Alumni Center ballroom.
- Golf tournament, 10 a.m., Jones Creek Golf Club.
- Tour of MCG Hospital and Clinics and Robert B. Greenblatt, M.D. Library, 10 a.m., tour begins at MCG Alumni Center.
- Allied Health Sciences Alumni Association luncheon, noon, Old Medical College ballroom.
- Medicine Dean's Reception, 5-7 p.m., Old Medical College solarium.
- Graduate Studies cookout, 6 p.m., MCG Alumni Center ballroom.
- Nursing dinner and program, 6:30 p.m., Pinnacle Club.
- Dinner featuring the reunion classes of School of Dentistry (1975,1980,1985,1990) and presentation of the Distinguished Alumnus Award, 7 p.m., Radisson Riverfront Hotel.
- Medicine alumni banquet/presentation of Distinguished Alumni Awards/installation of new alumni association officers, 7 p.m., Old Medical College ballroom.

Saturday, May 6

- 17th annual Marvin Goldstein Lectureship, 8 a.m. to noon and 1:30-4:40 p.m., Radisson Riverfront Hotel.
- Dental hygiene program, 7:30 a.m. to 2 p.m., School of Dentistry room 1020.
- Medicine Alumni Association board meeting, 9:30 a.m., MCG Alumni Center ballroom, section A.
- Cookout for alumni, 11:30 a.m. to 3 p.m., MCG Alumni Center pool area.
- 17th annual Marvin Goldstein Luncheon, 12:30–1:30 p.m., Radisson Riverfront Hotel.
- School of Dentistry Alumni Association business meeting, 12–12:30 p.m., Radisson Riverfront Hotel.
- MCG Foundation board meeting, 1 p.m., Old Medical College conference room.
- Nostalgia Hour—medicine alumni, 2-3 p.m., MCG Alumni Center banquet area C.
- President's Reception, 3:30-5:30 p.m., 920 Milledge Road.
- School of Medicine class of 1935, 1940 and non-reunion classes, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1945, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1950, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1955, 7 p.m., Radisson Riverfront Hotel

*activities with incomplete details not included—see Homecoming brochure

continued on page 12

The original Tams will perform at the MCG Homecoming dance May 6 from 9 p.m. to midnight at Augusta's Radisson Riverfront Hotel. MCG alumni, faculty, residents and interns are invited.

- School of Medicine class of 1960, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1965, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1970, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1975, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1980, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1985, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine class of 1990, 7 p.m., Radisson Riverfront Hotel.
- Homecoming dance for all alumni (all schools), 9 p.m. to midnight, Radisson Riverfront Hotel. Band scheduled to appear: The Tams–for three decades, the Southeast's hottest group, featuring originals Charles Pope, Robert Smith and Sonny Key and their 7-piece band.

Sunday, May 7

- School of Medicine Alumni Association memorial service, 10:30 a.m., Old Medical College solarium.
- School of Medicine Alumni Association Emeritus Club Luncheon, 11:30 a.m., Old Medical College ballroom. ■

Dear Fellow Alumni,

Forget everything you think you know about a typical homecoming celebration: stuffy dinners, stuffy meetings, stuffy manners. This May 4-7, we're cutting loose.

Homecoming at MCG has always been an enjoyable way to renew old friendships and make new ones. But we want Homecoming 1995 to be more than enjoyable. We want it to be a blast, with lots of opportunities for socializing and catching up on old times.

One big plus is that we'll all be under one roof this year. The beautiful Radisson Riverfront Hotel will be the site of most homecoming activities, including all School of Medicine reunion dinners. And don't plan on calling it a night after your reunion dinner. This year, the Tams–the Southeast's hottest band for three decades–will rock the night away from 9 p.m. to midnight May 6, right there at the Radisson. Alumni from all five schools are invited. We think the cranked-up beach music, courtesy of this hugely entertaining band, will make for a very memorable night of fun and dancing.

A hospitality suite will also be available at the Radisson May 5-6 from 9 a.m. to midnight for still more socializing. And a poolside cookout and garden party at the MCG Alumni Center May 6 from 11:30 a.m. to 3 p.m. will be a great way for students, alumni and faculty to spend some time together.

As usual, of course, each of MCG's five schools will host functions for their alumni, faculty and students. New for the School of Medicine this year will be a nostalgia hour May 6 from 2-3 p.m. at the Alumni Center with several noted professors.

We really believe this homecoming will provide alumni and their spouses with memories that will last a lifetime. Won't you join us? Whether you graduated last year or 50 years ago, you're part of the MCG family. We'd love to see you there. And we promise you'll be glad you came.

Be sure to refer to the adjacent roster of homecoming activities, listing dates, times and places. See you at Homecoming—MCG!

Sincerely,
Walt Brown, M.D.
Chairman, School of Medicine
Alumni Association
Homecoming Committee

MCG Seeking One of Largest-Ever U.S. Health-Care Contracts

The Medical College of Georgia is leading an unprecedented academic-corporate alliance to seek one of the largest health-care contracts ever awarded in the United States.

The U.S. Department of Defense has developed a new program called TRICARE to meet the health-care needs of active and retired military personnel and their families. TRICARE will seek to increase efficiency and cost-effectiveness by offering beneficiaries the choice of a health maintenance organization, a preferred provider organization or the department's traditional health-insurance program, CHAMPUS. Twelve TRICARE regions have been established in the country.

MCG is developing a proposal to seek the TRICARE contract for 1.6 million Department of Defense beneficiaries within regions 3 and 4, which include Georgia, South Carolina, Florida, Alabama, Mississippi, Tennessee and parts of Louisiana and Arkansas. In 1992, the total cost for all Department of Defense beneficiary health care in regions 3 and 4 exceeded $1 billion.

The deadline for submitting the proposal was Dec. 1, with awarding of the contract scheduled for mid-1995. Services will begin in 1996. "Securing this contract will help ensure a strong clinical base to support education and research at our health sciences university in the years to come," said Dr. Francis J. Tedesco, president of MCG.

If MCG is awarded the contract, the university will give overall administrative leadership of the effort. As a provider of services, MCG will offer primary health care to Department of Defense beneficiaries locally and selected subspecialty services to patients from a much wider area. MCG also will develop information systems that will help assess and improve access, outcomes and patient satisfaction with TRICARE services region-wide.

MCG has developed a broad-based alliance with other health-care organizations to develop its contract proposal and to deliver TRICARE services throughout the region if MCG is awarded the contract. The alliance includes Health Care Solutions International, or HCSI, which will play a key role in both proposal development and project management. Other corporate partners, including hospital systems, managed health-care networks and firms handling claims processing and information systems have joined the MCG alliance.

"MCG also will be inviting other academic health centers at universities in the Southeast to be health-care providers and will seek partners in specialized areas such as children's services as we develop our unique network," said Dr. Darrell Kirch, dean of the MCG School of Medicine.

The project will have a significant economic impact on the region. "If MCG wins this contract, the direct result will be the creation of several hundred jobs, many of them in Augusta," said Gary Hagen, chief executive officer of HCSI, who has already brought a team to Augusta to work with MCG on the TRICARE project.

"MCG's alliance with the private sector will enable effective management of the contract with no disruption of MCG's patient-care, research and teaching missions as the state's health sciences university. In fact, the contract should substantially enhance all three missions," said Dr. Charles Wray, MCG vice president for clinical activities. "The increased patient population will broaden MCG's teaching opportunities and fit well with our

new emphasis on studies of clinical outcomes and health services research."

Dr. Tedesco anticipates that the mutual interest in telecommunications of MCG and the Department of Defense (which headquarters the Army Signal Corp at Fort Gordon in Augusta) will lead to a key role for the MCG Telemedicine Center – a means of specialists consulting from MCG with physicians and examining patients from remote sites.

MCG's patients already include a significant number of Department of Defense beneficiaries, according to Patricia Findling-Sodomka, acting executive director of the MCG Hospital and Clinics. MCG and Fort Gordon's Dwight David Eisenhower Army Medical Center also share resources to train students and residents. Most recently, MCG began providing child-birth and obstetrical services for patients at Eisenhower, illustrating the institutions' already mutually supportive relationship, Ms. Findling-Sodomka said. Eisenhower will serve as a lead agent for the Department of Defense in working with the TRICARE contractor in region 3.

"The strong existing academic partnership between MCG and Eisenhower provides a ready platform for effective collaboration in developing more efficient systems for the delivery of high-quality clinical services," Dr. Kirch said.

A team has been at work for several weeks at MCG developing the contract proposal. President Tedesco and his colleagues expressed confidence that all elements are in place to win the contract.

"Whether or not health-care reform is legislated by Congress, profound changes are being driven by the private sector and by government initiatives like TRICARE," said Malcolm Hastings, a health management consultant with Atlanta-based Hyatt, Imler, Ott & Blount who has been working with MCG on the project. "The emphasis upon managed care is creating a highly competitive environment among all heath-care providers, including academic centers. Providers and health systems are expected to control costs and be more accountable to patients' needs. MCG is responding innovatively and assertively."

The contract's potential impact both on MCG and the nation is enormous, observed Dr. Tedesco. "An academic medical center has never before sought a leading role in managing contractual health care for such a large region," he said. "We believe we've put together the kind of partnership that can win the contract and provide high-quality services. We think this is a model for new kinds of alliances to provide excellent, cost-efficient health care." ■

Chancellor Challenges State to Raise Bar of Expectations

Christine Hurley Deriso

During his first visit to Augusta, the new chancellor of the University System of Georgia expressed delight that the Medical College of Georgia is among the system's strongest attributes.

"Most states are having very serious problems with their medical schools," said Dr. Stephen R. Portch, who toured MCG Sept. 28. "I was delighted to learn that MCG is a very forward-thinking institution with a very strong leadership."

Dr. Portch's tour included MCG's Telemedicine Center, Carl T. Sanders Research and Education Building and Ambulatory Care Center. He met with several deans and faculty, learning about innovations in curriculum, patient care and research at MCG. Dr. Portch, an England native whose parents were both health-care professionals, has a strong interest in the field.

He and the regents of the university system have developed a vision statement (see adjacent article) that reflects his commitment to quality education, he said. "Education in Georgia needs a clear blueprint for the future," he said. "There is no question that this is the strongest vision statement in the nation, and we intend to translate that vision into action."

He likened his philosophy to that of ice hockey great Wayne Gretsky. "Gretsky said, 'I skate to where the puck will be, not where it is,'" Dr. Portch said.

Dr. Portch said he was gratified by the commitment to education demonstrated by the regents, the schools' leaders and the community. "Everywhere I've been, I've seen tremendous community support for public education," he said. "The people of this state have a real hunger for education."

The university system, with its 230,000 students and almost $2 billion budget, already has tremendous strengths, he said. "The HOPE scholarship, for instance, is the most innovative at the state level in national history," he said. "We have to make sure people pay attention. [The country has] a bias against education in the South."

And the state must continually raise its standards, he said. "I want to raise the bar of our expectations. We won't be satisfied with anything less than academic excellence."

Dr. Portch, who has come to Georgia after 18 years at the University of Wisconsin, said he is confident the state can achieve its goals. "I've never felt more strongly that I'm in the right place at the right time. ■

University System Defines Mission for Next Millennium

The University System of Georgia Board of Regents recently developed a set of goals designed to enhance the state's emerging role as a leader in global society. The goals include the system's role as a first-rate provider of education, research and public service; its contributions to the state's economic, social, technological and cultural advancement; its close contact with and responsiveness to the needs of Georgians; and its cultivation of Georgia students from all backgrounds.

Specifically, the university system is striving to be characterized by:

- A whole that is greater than the sum of its parts, in which each campus has a clearly focused and valued mission, and all contribute their strong, bright threads to a network of programs that covers Georgians' diverse needs for higher education.
- Students who master their majors and the basic skills of critical reasoning, independent thinking, computation, communication, collaboration and creativity needed to enter the workplace with confidence, to move beyond entry-level jobs, to pursue lifelong learning and to exercise leadership as contributing citizens who advance their families, communities, state, nation and world into the new millennium.
- A world-class, diverse faculty and staff who have superior communication and teaching skills; who use new technologies, roles and curricular

continued on page 25

Dental Hygiene Student Triumphing Over Childhood Tragedies

Christine Hurley Deriso

Cameron Gambill

Cameron Gambill's childhood, spent basking in the glow of a famous father's limelight, was as wondrous as anything she read about in her storybooks. It was a life of laughter, travel, adventure and every creature comfort she could imagine. At age 22, Cameron holds tight to her memories. They're all she has left of her childhood.

Cameron, a senior in the Medical College of Georgia dental hygiene program, grew up in Roswell, Ga., but she was definitely a citizen of the world. Her father, singer/guitarist Roger Gambill, was a member of the singing Kingston Trio. He performed all over the world, taking his wife and daughter along whenever possible.

"We'd go off for two or three weeks at a time; my teachers would send my work along with me," she recalls. "Let's see: I've been to Australia, Hawaii, every state in the country.... The most memorable trip for me was Easter 1981. We went to San Francisco and got the royal treatment. I was really lucky. I saw a lot of the world."

She hobnobbed with famous entertainers, charming her dad's friends with her strawberry-blond pigtails and infectious cheerfulness. She says she inherited the charm from her dad.

"My father was always the center of attention. When he performed, he was all of the life and energy on the stage. When he was in a room, he was constantly making somebody laugh. Our house was always full when he was home."

He was on the road far more often than he was home, but even when Cameron wasn't traveling with him, she never felt deprived. "He was away a lot, but when we were together, he'd teach me how to play the guitar; his world revolved around me. It didn't matter that he wasn't home much, because when he was, I knew it was going to be perfect."

> *"I'm really not sure why I originally picked dental hygiene, but it just so happens I adore it. I love the challenge; I love working with people."*

Her mother was the constant in her life. They were best friends. Cameron was as content as any kid she knew.

But at age 12, her life changed abruptly when her father died of a heart attack and stroke. Her mother rustled up a job (her father had no insurance) and held the family together. But Cameron had scarcely finished grieving for her father when her mother was diagnosed with cancer. By age 15, Cameron's life of carefree adventure had been transformed into one spent nursing her dying mother.

"When my mother was home from the hospital, I was literally an in-home nurse, changing colostomy bags and doing whatever else she needed," Cameron said.

As the illness progressed, her mother's best friend moved in to relieve Cameron's burden. "It was a blessing for me," she says. "And it was important to my mom. Her main concern was keeping things normal for me. I had a school trip that I wanted to cancel because she wasn't doing well, but she insisted that I go."

Toward the end of her illness, Mrs. Gambill was in considerable pain. Cameron sensed she was holding on only because she was all her daughter had left.

"So we had a talk. I told her not to hold on for me, that she'd given me enough strength to get through." That night, Mrs. Gambill began hemorrhaging and was rushed to the hospital. She died shortly thereafter.

"But I got my goodbyes with both of my parents. That was important."

At age 17, Cameron was utterly alone. Neither parent had insurance; her mother's condominium was rented, so she had no place to live. The family car had been wrecked several months earlier. "I had nothing," Cameron says.

She moved in with a half-sister (one of her father's two children from a previous marriage that Cameron didn't even know about until later in life), but the two were virtual strangers. Tension filled the household. Cameron's only consolation was that her sister's home was in Roswell. "Being in Roswell with my school friends was the only thing that got me through," she says.

Shortly thereafter, Cameron's next-door neighbors from childhood invited her to move in with them. She gratefully and eagerly accepted. "We've all had to work out the kinks, but now they're totally my family,"she says. "I don't know what I would have done without them."

In fact, they're the ones who urged her to earn her bachelor's degree at MCG after earning an associate's degree in dental hygiene at Georgia College. She's been on the dean's list every quarter at MCG, financing her education with scholarships and grants. The family she lives with in Roswell offers ongoing encouragement, including dropping her notes telling how proud they are of her. They were in Augusta recently to join Cameron for Family Day.

Cameron admits she probably wouldn't have come to Augusta if they hadn't talked her into it, but she's immensely glad she took their advice. "I know in seven months [when I graduate], I'll be able to go anywhere and find a good job," she said. "I'm really not sure why I originally picked dental hygiene, but it just so happens I adore it. I love the challenge; I love working with people."

She's deliberating whether to begin her career after graduation or earn her master's degree. But whichever route she chooses, she has the satisfaction of knowing she's in control of her destiny. That's something she'll never take for granted. "I've been through so much, and reality hit me at such an early age," she says. "But things are definitely looking up." ■

OT Tips Can Minimize Office Aches, Pains

Ingrid Heggoy

If your head, neck, wrists or back often hurt at the end of the workday, relief may be closer, and less expensive, than you think.

"These types of injuries result from doing a task repetitively that requires some sort of force with poor body posture or poor motion patterns," said Dr. Virginia Allen (MHE, '77), professor of occupational therapy at the Medical College of Georgia. "There are many small adjustments that a person can make to correct these problems before they cause a serious injury."

One of the most common causes of work-related pain is the computer. When working at the keyboard, it is important not to strain the wrist, which may cause inflammation in the carpal tunnel.

"Try to keep the hand in a neutral position, instead of flexing the wrist forward or backward," Dr. Allen said. "The nerves and tendons of the hand pass through the carpal tunnel," Dr. Allen explained. "If this area becomes inflamed, numbness and loss of strength can occur, and over time this can become chronic, which is called carpal tunnel syndrome, and it may require therapy or surgery."

A wrist rest is an inexpensive way to support the wrists and keep them in the correct position. A good wrist rest should allow the typist to support his wrists on the rest and let them glide across the support while typing, according to Dr. Allen. If a wrist rest doesn't ease discomfort, ergonomic keyboards that bend and adjust for an individualized fit are available and may help.

However, the keyboard isn't the only concern when working on the computer. A properly placed and adjusted monitor also is necessary to prevent head and neck pain.

"The monitor and lights in the office need to be adjusted so that there is no glare on the screen," Dr. Allen said. "The keyboard and monitor should be placed so that you don't have to bend or twist to see what you are typing, and a document holder should be used to keep materials at the same level as the screen."

People who spend a lot of time on the telephone may want to use a headset in place of the traditional telephone ear piece, or those in a private office may consider using the speaker phone.

"There are many small adjustments that a person can make to correct these problems before they cause a serious injury."

"People who use the telephone and do something else at the same time, such as writing or using the keyboard, may be straining shoulder and neck muscles while trying to hold the phone, and a headset can avoid this," she said.

Other small changes, such as keeping often-needed materials nearby and in an easy-to-reach location, can prevent awkward reaches and twists when reaching for items.

"It also is very important to have a chair that fits properly, and many people don't know exactly what to look for in a good chair," Dr. Allen said."A chair that fits should allow your feet to rest flat on the floor, offer lower back support and support your thighs while allowing about two fingers' worth of room between the end of the chair and the inside of your knees. It should be big enough to allow you to change position, and it should offer arm support, if needed."

General office work tips include:

- Change positions frequently.
- Stretch muscles in the opposite direction.
- Look away from the computer frequently.
- Try to vary tasks, breaking up long periods of one activity.
- Don't grip objects more tightly than necessary.

For people having pain that isn't relieved by these suggestions, Dr. Allen suggests talking with an occupational therapist, who can evaluate how an office is set up and help change work habits.

"Pay attention to minor symptoms, such as tingling, numbness or pain, and try to correct problems before they lead to a serious injury," Dr. Allen said. "These are little things, low-cost things and small changes in your habits, that can make a difference."

Dr. Allen, in conjunction with the MCG personnel office, offers quarterly office ergonomics workshops on campus. For more information, call the personnel office at (706) 721-3196. ■

Ms. Creel Named Association President

Ingrid Heggoy

Teru Creel, assistant professor and fieldwork coordinator in the Medical College of Georgia Department of Occupational Therapy, has been named president of the Georgia Occupational Therapy Association.

The association also named Ms. Creel Outstanding Registered Occupational Therapist of Georgia for 1993-94.

Ms. Creel earned a bachelor's degree in occupational therapy from MCG in 1985 and a master's degree in health-care administration from Mercer University in 1993. She has been active in the Georgia Occupational Therapy Association since she was a student at MCG, when she served as the student member on the planning committee for the American Occupational Therapy Association conference. Since her graduation, she has served two terms as secretary and vice president for the Georgia Occupational Therapy Association. ■

Dentistry

Alum Takes Helm of GDA

Glenn Hudson

Dr. Andrew Allgood made history when he became president of the Georgia Dental Association. He is the first graduate of the Medical College of Georgia School of Dentistry to hold that position.

For Dr. Allgood (D '73), becoming president of the GDA is an opportunity to have a profound effect on the profession he loves, he said. It also marks the beginning of an era in which graduates of the MCG School of Dentistry will begin to make their impact felt on the dentistry in Georgia and the Southeast.

"It means a great deal to me to be one of the only 126 presidents the GDA has had," said Dr. Allgood, recipient of the MCG School of Dentistry Alumni Association's Distinguished Alumnus Award for 1993. "I feel to be in this position is quite an honor, and through the position of GDA president, I feel I can make a difference for our profession in Georgia."

His main concerns are helping his alma mater, Georgia's dentists and their patients. "As far as an agenda, I'm going to follow the leadership of GDA presidents in the past," he said. "Legislatively we must be very active in Georgia and in Washington to fight the forces that would undermine our ability to treat our patients in a quality manner.

"The overall mission of the GDA is to maintain the quality of care for patients in the state of Georgia, to serve and protect the citizens, and, at the same time, to maintain the ability of the practicing dentist to provide the highest level of dental treatment in a professional atmosphere."

In addition to staying active in the political arena, Dr. Allgood has already taken steps to bring the practicing dentists in Georgia and the MCG School of Dentistry closer together. "I have formed a new committee to act as a liaison between the faculty at MCG and the GDA. We need more lines of communication and more programs conducted jointly with the school and our professional association," said Dr. Allgood, who served as an associate professor of restorative dentistry from 1973 to 1975. "We also need to maintain and improve the school's relationship with the practicing dentists in our state.

"MCG and Georgia dentists have always had a good, positive relationship," he said. "MCG is responsible for producing at least 90 percent of the dentists in Georgia, so it is important that relationship grows even stronger."

He also intends to foster this relationship with practicing dentists through programs aimed at dental students. "The American Student Dental Association and the GDA, in conjunction with the MCG School of Dentistry, have instituted programs to emphasize the importance of our professional association and to show the ways the GDA is helping the school and its graduates," said Dr. Allgood. "Through these programs, the student and graduate hopefully will understand their importance to the GDA, the MCG School of Dentistry Alumni Association and to the profession of dentistry."

This attitude was born out of his own experience during his dental education at MCG with the faculty of the school. "Dr. Bob Kinser and Dr. Art Rahn both taught the meaning of quality and treating your patient properly," he said. "They are both outstanding dentists, and the example they have set over the years in and out of dentistry is exceptional. The time they took with me during the time I was in school had a great effect on me," he said.

"The students need to know, and I don't think I was totally aware of this at the time, the effort you put into school and grades and the quality of treatment of patients in school directly affects the quality of your dental practice when you're out of school," said Dr. Allgood, who practices in Lincolnton and Washington, Ga.

"I feel I can do a lot for the association based on the experiences I have had in a rural practice," said Dr. Allgood. "My major goal is to maintain the viability of our profession."

In fact, it is his dedication to dentistry in Georgia that Dr. Allgood wants to be remembered for once his tenure as president is through. "I want dentists to say that the practice of dentistry in Georgia maintained its freedom, and that dentists kept their ability to practice in the manner in which they chose, not any fashion dictated to them by any outside interest." ■

MCG hosted Family Day Oct. 8 for all new MCG students and their families

Dr. Holcom Named Board President

Dr. Steve Holcom ('74) has been elected president of the Georgia Board of Dentistry effective July 1.

Dr. Holcomb, who maintains a general dentistry practice in Warner Robins, Ga., recently completed a term as president of the Central District of the Georgia Dental Association. He is president of the Warner Robins Chamber of Commerce. He received his bachelor's degree from the University of Nebraska, Omaha, in 1971. ■

Dr. Mailhot's Research Awarded

Glenn Hudson

Dr. Jason Mailhot, assistant professor of periodontics and director of the post-doctoral program in periodontics at the

Medical College of Georgia School of Dentistry, has won the 1994 Young Investigator Award from the American Academy of Periodontology and W.L. Gore Co., manufacturer of Gortex™, a manmade material originally developed for clothing now being used for dental applications.

Dr. Mailhot received the award at the 80th annual meeting of the AAP in San Francisco in September.

Dr. Mailhot received his bachelor's degree in 1978 from the State University of New York-Oneonta. He graduated from the University of Pittsburgh School of Dental Medicine in 1981. He received his residency training in periodontics at the MCG School of Dentistry in 1990 and received his master's degree in oral biology from MCG in 1993.

After working with Procter & Gamble Co. as a clinical researcher, Dr. Mailhot joined the MCG School of Dentistry faculty in 1993. ■

Endowment Fund Established

Glenn Hudson

The Medical College of Georgia School of Dentistry has established the McRae/Orrington Scholarship Endowment Fund in coordination with the Georgia Dental Society and the Stoney Medical, Dental and Pharmaceutical Society.

The endowment, which will be used to recruit African-American dental students, now has contributions totaling $15,300. Scholarships will be awarded based on financial need and academic achievement.

The scholarship/endowment fund is named in honor of Drs. Matthew McRae and James L. Orrington, who in 1973 became the first African-American graduates of the MCG School of Dentistry.

"We are very pleased at all the hard work Dr. Willis J. Walker, Dr. McRae and Dr. Orrington have done to make this scholarship possible," said Dr. David Myers, dean of the MCG School of Dentistry. "This scholarship will be a valuable tool in the recruitment and retention of minority students."

Dr. McRae maintains a practice in Athens, Ga. He is a graduate of Fort Valley State College and received his master's degree from the Academy of General Dentistry. Dr. Orrington maintains a general dentistry practice in Chicago. He graduated with honors in 1970 from Tuskegee University in Alabama. He completed his residency training in general dentistry in 1974 at Hines Veteran Hospital, Hines, Ill. Dr. Walker is a 1975 graduate of the MCG School of Dentistry. ■

Research Links Immune Response to Periodontal Disease

Glenn Hudson

The reason some people get gum disease while others who have just as much plaque on their teeth don't may be found in the body's own effort to fight bacterial plaque, according to a researcher at the Medical College of Georgia School of Dentistry.

Dentists have known for years that periodontal disease, a leading cause of tooth loss in the United States, is caused by the accumulation of bacterial plaque in the mouth, most often the result of poor oral hygiene. They also know that, left unchecked, periodontal disease can result in a loss of gum tissue, bone and eventually teeth.

Dr. Sidney Stein, assistant professor in the Department of Periodontics and Oral Biology at the MCG School of Dentistry, is studying factors of the body's immune system which could predispose someone to periodontal disease.

"Periodontal disease is caused by a multitude of factors," said Dr. Stein. "We are devising a new paradigm with which to focus our research efforts that evaluates how an altered host response plays a central role in the development of this disease."

Dr. Stein's research, which is funded by a two-year, $73,000 grant from the National Institutes of Health and a one-year, $10,000 grant from the MCG Research Institute, focuses on two aspects of the body's immune system: prostaglandin E2 (PGE2) and interleukins.

PGE2 is an inflammatory product released by cells of the gum tissue to fend off an attack from bacterial plaque in the mouth. Dr. Stein is examining how PGE2 may regulate the local immune response which occurs in inflamed gum tissue to see if some people's immune response to plaque is so strong or hyperactive that it could actually do more harm than good.

"Some people produce this inflammatory product at two or three times the normal amount," Dr. Stein said. "These people seem to be more susceptible to getting more frequent episodes of periodontal disease than those who secrete lesser amounts of PGE2."

Also, Dr. Stein has noted elevated levels of another product of the immune system—interleukins—which are passed back and forth between cells so that they can communicate with each other as a possible factor which predisposes people to periodontal disease.

A possible genetic link for periodontal disease may be surface proteins or antigens, which are found on blood cells and help distinguish genetic makeup. "This marker may also identify a person at risk for the development of periodontal disease," Dr. Stein said.

"In the future, we hope that when a patient comes to the dentist, we can examine him for this marker on blood cells, or for increased production of PGE2 or the interleukins and determine if they are high-risk or not," he said. "If they are, they may be placed on more stringent oral hygiene programs and be treated more aggressively to try to avoid periodontal disease."

"Recent research has discovered other risk factors that can render people more susceptible to develop periodontal disease," said Dr. Stein. "Just as high blood pressure and elevated cholesterol can place people at a higher risk for developing heart disease, smoking cigarettes increases the chances for developing periodontal disease. Thus, discovering these risk factors will allow us to identify susceptible patients in the general population and intervene with treatment at an earlier time."

Other common risk factors for developing periodontal disease are not brushing and flossing regularly. ■

Greenblatt Sculpture Presented

Ingrid Heggoy

Dr. Donald W. Pfaff, professor of neurobiology and behavior at Rockefeller University in New York, delivered the guest lecture for the annual Medical College of Gorgia Robert B. Greenblatt Lectureship on Oct. 31.

Dr. Pfaff discussed the brain's control of reproductive processes. His major research interest is the action of steroid hormones on the central nervous system, such as estrogens, androgens, progesterone and corticosteroids and their effects on the body's electrical activity, the regulation of gene expression, and ovulation and reproductive behavior.

Dr. Pfaff has been at Rockefeller University since 1966, when he joined the school as a postdoctoral fellow. He was promoted to staff scientist in 1968, assistant professor in 1969, associate professor in 1971 and professor in 1978. Dr. Pfaff received his bachelor's degree from Harvard in 1961 and his doctorate from the Massachusetts Institute of Technology.

Prior to the lecture, a bust of Dr. Greenblatt, for whom the lectureship and MCG's library is named, was presented to the library. The sculpture was created by Donald J. Haugen of Marietta, Ga., and is cast in bronze.

Dr. Greenblatt, who died in 1987, joined MCG in 1935 and founded the nation's first independent endocrinology department at the school in 1946. He served as chairman of the department until 1972 and remained active in the department after his retirement in 1974. He earned his bachelor's, M.D. and C.M. degrees from McGill University in Montreal, Canada.

Dr. Greenblatt was a leading international researcher of disorders of women, and he originated the present-day sequential oral contraceptive as well as the oral fertility pill. Among his contributions to medicine are the use of progesterone to halt uterine bleeding, the use of clomiphene citrate to stimulate ovulation and the use of estrogen to treat menopause symptoms. ■

Sculpture of Dr. Robert Greenblatt

Nurse Anesthesia Carving Niche at MCG

Christine Hurley Deriso

Fred Lupien wants to get the word out about what he considers one of the best-kept secrets in the nursing profession.

"Anesthesia nursing is one of the oldest specialties in nursing," said Mr. Lupien, the coordinator of the Medical College of Georgia School of Graduate Studies' new nurse anesthetist program. "Nurses give more than half the anesthetics in the United States, but for some reason, people are surprised to hear nurses give anesthesia."

But the profession is gaining new recognition and prestige as the nation responds to a shortage of anesthetists and anesthesiologists, he said. According to a 1989 Congressionally mandated study, more than 6,000 additional certified registered nurse anesthetists are needed in the country, and 40 percent more are expected to be needed by the year 2010. MCG's is the only nurse anesthesia program in Georgia.

Despite the pressing demand, the program will be small; six students will be accepted into the program for fall quarter. Small classes are crucial to the nature of the specialty, Mr. Lupien said, noting that intensive training and abundant clinical opportunities are essential to the program. Hundreds of people throughout the state and beyond have already expressed interest in the program, indicating that the public is becoming more enlightened about the specialty.

Mr. Lupien and his faculty (two full-time members are being recruited) will participate in the admissions process. "What I'll be looking for in applicants is enthusiasm and willingness to put in long hours for what I think is an excellent reward," he said. "Anesthesia is a lifelong learning process. We want individuals who demonstrate a professional commitment to continue learning after they've graduated."

Dedication to serving those most in need is also high on his list, he said. Nurse anesthetists are in particular demand in rural areas of the state and country, he said, and he feels obligated to help fill the need. "We want to incorporate training into rural areas," he said. "It's important not just to introduce people to work at medical centers but to work in rural areas as well."

The MCG School of Nursing has worked closely with the MCG School of Medicine's Department of Anesthesiology to develop the graduate program—a team

approach that Mr. Lupien hopes will pervade every aspect of nurse anesthesia at MCG. "What I'd like to be a prevailing philosophy of the program is for anesthetists and anesthesiologists to recognize what each has to offer and to work together," he said. "I'd like to promote a team concept. As technology becomes more complex, team work will be more and more important."

Mr. Lupien, who earned his bachelor's degree in nursing from the University of Maryland and his master's degree in nursing from the University of Alabama at Birmingham, is a doctoral candidate in educational psychology at the University of Hawaii. He retired as U.S. Army nurse in 1992 and maintained an independent anesthesia practice in Hawaii from 1992 to 1994. He plans to continue the clinical aspects of his work.

"Most of my colleagues think of one thing when they judge me: whether I can give good anesthesia," he said. "Not only must I be competent as an educator, I must be competent as a clinician. I think our students demand that as well." ■

Deans' Symposia Highights Research Findings

Toni Baker

The Medical College of Georgia has established a lecture series, the Deans' Symposia, to enable MCG faculty, students, residents and other interested health-care professionals to learn and interact about new information in health care.

The series features researchers and other innovators in health care from MCG and beyond in five lectures this academic year, said Dr. Mohamed Sharawy, MCG professor and director of anatomy and professor of oral and maxillofacial surgery and chairman of the organizing committee for the Deans' Symposia.

A major goal of the new series to to encourage thought and discussion and contribute to the already innovative work and attitudes on MCG's campus, Dr. Sharawy said. Sponsors are the deans of MCG's Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

Dr. Margaret L. Kirby, Regents professor and director of the MCG Heart Development Group, delivered the first lecture Oct. 25, discussing new findings in her studies of the causes of heart defects in children.

In 1982, Dr.Kirby found that neural crest cells, which migrate from the nervous system in the early stages of fetal development, play a key role in normal heart development. Using the chicken embryo as a model, she was able to alter neural crest cells and replicate many of the more complex heart defects found in children.

Her work has produced evidence that a genetic defect may be responsible for many heart defects children are born with and treated for at specialty centers such as the MCG Children's Medical Center. Today, some 30 researchers comprise the MCG Heart Development Group. ■

Nurse Lauded for Volunteer Efforts

Marci M. Middleton

Peggy Belger (MSN, '78), a clinical faculty member in the Medical College of Georgia School of Nursing, has received a national Red Cross Volunteer Service Award for 15 years of work as a disaster mental-health specialist.

Ms. Belger, a certified psychiatric clinical nurse specialist and training specialist for Georgia Regional Hospital, volunteered to help flood victims in central and south Georgia during the summer and consoled survivors after the shootings at Georgia Regional Hospital two years ago.

"Nursing is about helping people, and each individual in the profession has that responsibility," Ms. Belger said. "It is unfathomable that complete strangers will depend on you for solace and comfort, and the mental health of many is dependent on whether or not people are out there willing to help. In a disaster, the physical component [is generally addressed]; however, in many cases, the mental component is avoided." ■

Students, Dr. Greenbaum Honored During Research Day

Medical College of Georgia graduate students' research was honored during the school's annual Graduate Student Research Day held Nov. 11 on campus.

Undergraduate students interested in biomedical sciences are invited to campus on Graduate Student Research Day to learn about the school and study MCG students' displays of their research. The research projects are judged by a faculty panel and winners are honored during a banquet the evening of the event.

This year's winners are:

- Donna Adams, Sigma Xi Science and Community Award, for her research into the cell's nucleus.
- Teresa S. Davidson, Excellence in Research Award, for her research into the well-being of nursing-home residents.
- Carolyn Go, Lowell M. Greenbaum Award, for her research into smooth muscle cells.
- Carl J. Gustke, Excellence in Research Award, for his research probing genetic markers for diabetes and periodontitis.
- Sharukh S. Khajotia, Excellence in Research Award, for his research into leucite crystallization.
- Wei Liu, August Roesel Memorial Award, for his research into an antibiotic transporter.
- Gloria Mora, Excellence in Research Award, for her research into the hormone, testosterone.
- Michael E. Thomas, Excellence in Research Award, for his research into human gingival fibroblasts.

Graduate Student Research Day also featured a Lowell M. Greenbaum, Ph.D. Recognition Program sponsored by the School of Graduate Studies and the school's alumni association. The program featured a scientific presentation by Dr. Brian Hoffman, David Hosack professor of pharmacology at Columbia University who discussed "Mechanisms and Treatments of Cardiac Arrhythmias." The school and alumni association presented Dr. Greenbaum, the recently retired vice president for research and dean of the School of Graduate Studies at MCG, with a portrait during the Graduate Student Research Day Awards Banquet. ■

Alum's Mentors Laid Foundation for Medical Career

Toni Baker

Even as a boy, Vendie H. Hooks III was a man with a plan.

"The first thing I wanted to be was a funeral director. It's the truth. That's because my father was a funeral director. You always want to be what your father is," he said.

The next thing he wanted to be was a farmer because his grandfathers were farmers. Vendie H. Hooks Sr. also owned a sawmill and a cotton gin and was a Baptist preacher who served as a state senator and representative. "He was a busy man," his namesake said.

"I can tell you exactly when it was: It was in the seventh grade that I decided I wanted to be a physician," said the 1974 graduate of the Medical College of Georgia School of Medicine.

At that time, Metter, Ga.'s, funeral home director also was its ambulance service operator. "We would go to wrecks and transport patients to the hospital," Dr. Hooks said. Often, Vendie H. Hooks Jr.—he goes by V.H.—would take his son along to the old Eugene Talmadge Memorial Hospital in Augusta. On one of those trips, the son told his dad his doctor dream and V.H. Hooks replied that he'd be a surgeon.

Many people were part of the foundation for Dr. Hooks' plan ... people such as Willis E. Lanier, a high school student working in his father's funeral home who befriended Dr. Hooks, becoming a role model and big-brother image and, in 1969, a graduate of the Medical College of Georgia.

Metter's three family physicians, Dr. Leon E. Curry and Drs. Robert S. Robinson and Robert L. Pence Jr., both 1954 MCG graduates, took a lot of time with this "sickly" child. "I remember Dr. Pence let me look through his microscope. He even plucked a hair out of his nurse's head and let me look at that as well as some blood and bacteria. He actually saved syringes and needles and empty medicine bottles for me and I would take those back home and we would inject frogs."

Of course Dr. Hooks also remembers fainting when Dr. Julian K. Quattlebaum Jr., MCG class of 1951, was taking stitches out of Dr. Hooks' younger brother, Jones, following a hernia repair. "Something about that got to me," Dr. Hooks said. But the doctor made an impact as well. "He came strolling into the hospital room, he had a cigar coming out of one side of his mouth, just a collared shirt on with no tie and he had on some wing tips that made a lot of noise." Dr. Quattlebaum would later take the time with Dr. Hooks to explain the procedure he'd done on Jones and confide in him that he used to faint at the sight of blood as well.

Then there was Dr. Daniel B. Sullivan, MCG class of 1949, who operated on one of Dr. Hooks' uncles for melanoma and would later check the whole family for signs of trouble. While he was checking the teen-ager, he asked him what he wanted to be. When he got the answer, he gave the young Vendie Hooks a book, right there on the spot, "The History of Surgery." An inscription showed the book was a present from Dr. Sullivan's wife. "Here's a guy who had never even seen me before and, because of what I told him, he gave me this book to read not knowing if he was ever going to get it back. I read that book cover to cover."

His fears about fainting in surgery faded when he managed to stay on his feet the first time he walked into the operating room as a freshman at MCG in 1970. Between that, the people he'd met and his surgery rotations, he began to wonder if maybe his dad was right about being a surgeon. "There is something fascinating about a person having a problem and, as a surgeon, being able to go in and do something about it," said the self-professed organizer.

The gastrointestinal tract became of special interest; his grandfather died from duodenal ulcer disease while Dr. Hooks was still in medical school and as an adolescent Dr. Hooks watched his own father nearly die from the same disease. He remembers those earlier days of ulcer treatment when his father was stuck on a diet of "white mush."

So his interest was peaked by newer procedures such as the highly selective vagotomy that allowed ulcer patients to have their disease treated without having their stomachs removed. Dr. Hooks wanted to learn from the man who developed the procedure, Mr. David Johnston (in England, surgeons are called mister). Mr. Johnston was the surgery professor at The General Infirmary at the University of Leeds in England. Dr. Hooks was frustrated by his efforts to get a fellowship there until happenstance placed him in the chair beside a resident from Leeds at a Society of University Surgeons' meeting.

His work at Leeds provided even more direction because Mr. Johnston also specialized in colon and rectal surgery. That led to a second fellowship in colon and rectal surgery at the University of Minnesota Hospitals where he learned procedures to help patients avoid ileostomies by creating new rectums out of small intestines and salvaging the anal sphincter to attach to the new rectum so that it works much like normal. "Colorectal cancer is very common. In fact, if you don't smoke then you can virtually eliminate lung cancer. Then, in women, the most common cancer they would have to worry about is breast cancer. Right behind that would be colon and rectal cancer. In men it would be lung, prostate then colon and rectal," he said.

In between fellowships, Dr. Hooks was on the faculty of the MCG Section of Gastrointestinal Surgery and he returned to his alma mater after his colon and rectal surgery fellowship where he stayed until 1985.

These days, Dr. Hooks—who was noted among the best colon and rectal surgeons in this country in the recent book *Best Doctors in America*—practices in Augusta with Dr. Mallory Lawrence, a 1983 MCG graduate, and Dr. John Cheape, who did his general surgery training at MCG. "
I really enjoy what I do and I couldn't be more pleased with my partners. They are good guys. We're friends as well as partners." ■

Dr. Ellison Named to Board

Dr. Lois Ellison ('50), professor of medicine and associate vice president of planning (hospital and clinics) at the Medical College of Georgia, has been elected to the American Lung Association of Georgia State Board of Directors.

Dr. Lois Ellison

She was elected at the association's 81st annual meeting in Atlanta June 11.

Dr. Ellison is a member of the Augusta Branch Board of the lung association. She was a member of the American Lung Association of Georgia's board of directors from 1965 to 1990 and of its advisory council from 1990 to 1994. She has served as secretary and president of the national board of directors. As a member of the state board, she will represent the association's East Central Region and will help shape its policy in Georgia.

"The American Lung Association of Georgia is honored to have Dr. Ellison on our state board," said Dr. Trammell Starr III, incoming president of the American Lung Association of Georgia. "Dr. Ellison has served as a past president of both the state and national boards of the American Lung Association and is a treasured member of the lung association family." ■

Alum Points to Research Opportunities for Rural Practitioners

Christine Hurley Deriso

When you think of medical research, what do you envision? Highly specialized scientists using high-tech equipment in big, bustling urban hospitals?

That's one way to conduct research, but certainly not the only one, according to Dr. Curtis G. Hames.

Dr. Hames, a 1944 graduate of the MCG School of Medicine who researched the "Stroke Belt" throughout much of his career as a rural family practitioner, discussed out-of-the-mainstream research opportunities recently at MCG.

"In essence, every practice can make a significant contribution to the knowledge base of primary care and medicine in general," Dr. Hames said during remarks to the 1994 inductees of the Alpha of Georgia chapter of Alpha Omega Alpha, an honors society for medical students.

During much of his 50-year career in Claxton, Ga., Dr. Hames was principal investigator of the Heart Research Project for the Evans County Health Department. The project was a national effort to help ascertain why a region of the Southeast, falling largely along the fault line in Georgia and South Carolina, is at particularly high risk for coronary heart disease and stroke.

Dr. Curtis Hames

Dr. Hames said his work was gratifying not only because of its importance, but because of his opportunity to study his community in depth.

"To study disease etiology, you must study not only the host of the disease, but the environment," he said. "We can't just look at one part of man; we need to look at total man. Epidemiology enlarges our vision to study the microscopic world."

And an in-depth study of one's community entails studying not only the present, but the past and implications for the future, he said. For instance, the Heart Research Project indicated that one contribution to the Stroke Belt seems to be a dearth of selenium, an essential trace element. This characteristic of the region dates back to the Ice Age, when much of Georgia and South Carolina were under water, he said. Research indicates that death rates for cardiovascular disease are lower when there's more selenium," Dr. Hames said.

Dr. Hames conceded that the Stroke Belt "is a problem nobody has completely solved," but he considers his contribution to the mystery very fulfilling. Rural practitioners have opportunities to participate as investigators, volunteers or consultants in research, he said, and physicians should seize the opportunity. "It can mean a great deal to you, as it has to me," he said.

New inductees in the Alpha chapter, recognized after Dr. Hames' remarks, were MCG medical students Maria Arias, John Blankenship, Wendy Brick, Sherry Brock, Chris Cerjan, Matthew Clark, Chris Cosgrove, Greg Crawley, Barrett Gilbert, Chris Hall, Leslie Murphy, Steve Platte, Chris Poor, Greg Ray, Mike Roach, Ray T. Ross, Jesse Scott, Rob Sellards, Judy Sequeira, Alan Smith, Pip Spandorfer, Tom Tolbert, E. Wade Walker and Hearst Welborn.

Honorary housestaff inductees were Drs. Mark Durden and Miche McDonough. The honorary faculty inductee was Dr. David Hess.

Junior members, who were inducted in April 1994, are David Westberry, president; Shawn Standard, vice president; James Abraham; Anthony Amaroso; Gregg Gay; Juha Jaakola; Doreen Kinney; and Jeff Martin. ■

MCG Establishes Adult Component of Cystic Fibrosis Center

Toni Baker

Dramatic improvements in treatment mean patients with cystic fibrosis are living longer, healthier lives and the Medical College of Georgia has responded by establishing an adult component to its Cystic Fibrosis Center.

"It's not only an expansion, but it's also a recognition that adult patients need to be cared for in an adult venue," said Dr. Margaret F. Guill, chief of the MCG Section of Pediatric Pulmonology and director of the Cystic Fibrosis Center. Cystic fibrosis is a faulty means of salt transport throughout the body which affects 1 in 2,000 newborns and results in thick, sticky mucus clogging the airway.

Fifteen years ago, the average life expectancy for a patient with cystic fibrosis was 18 years; today it's more like 30 years.

"It's a statement to the improved care that the pediatricians have given and the basic research that has been going on in cystic fibrosis over the last 15 to 20 years that survival has increased dramatically," said Dr. John R. DuPre, adult pulmonologist and director of the center's new adult component. At the MCG Cystic Fibrosis Center, the oldest patient being followed is 33.

"We tell our patients that yes, it is a chronic disease, but a lot of advances are being made and that every child born with cystic fibrosis has the potential for a normal life span and a productive, happy life," Dr. Guill said.

Dr. Bernard Punsley ('49), a cardiologist in Palos Verdes, Calif., recently was honored with a Hollywood "Walk of Fame" star for his work as a child actor.

Young or older, the treatment for cystic fibrosis remains much the same, including daily chest physical therapy to loosen the mucus clogging the lungs. The drug, DNase–approved by the Food and Drug Administration in December 1993 after study in cystic fibrosis centers such as MCG's–is an enzyme that helps break down the mucus and has been heralded as a major advance in drug treament.

Differences that come with age include cystic fibrosis patients' increasing independence, as they move out of their parents' homes and begin their adult lives. Several new devices help ease that independence, including a vest that creates a vibration of air, providing daily chest percussion instead of a parent or other caregiver always having to be on hand, Dr. DuPre said.

Also, adult pulmonologists such as Dr. DuPre need to help older patients deal with possible long-term complications of the disease such as diabetes and pancreatitis. Thick secretions which clog the lungs also can clog the pancreas, impacting on enzyme production which affects the pancreas' ability to produce insulin. Other complications may include coughing up blood, air trapped around lungs and, for some unclear reason, an increased incidence of small bowel tumors.

Reproduction may become an issue. For many years many patients did not live to the age of reproduction, Dr. DuPre said. Today, women with cystic fibrosis may find they have difficulty conceiving because of thick cervical mucus, and men may not have the proper anatomy to produce functioning sperm. Even those capable of reproduction must consider the idea that they might not live long enough to raise children into adulthood, Dr. DuPre said.

Even as an adult pulmonologist recently out of his fellowship training, Dr. DuPre saw only a few patients with cystic fibrosis because it has always been a job for their pediatric counterparts. Asthma, smoking-related diseases such as chronic obstructive lung disease, emphysema and lung cancer as well as pulmonary management of critically ill patients have been the bread and butter of adult pulmonologists, he said. But this year's annual meeting of one of the largest professional groups for pulmonologists, the American College of Chest Physicians, included a seminar on the care of the adult cystic fibrosis patient. "I think it's certainly an indicator that the adult pulmonary world recognizes that this is coming and we need to learn about it," Dr. DuPre said.

At MCG, patients, their families and pediatric doctors will decide together when to move patients to the adult component of the center. Individualized decisions will be made as patients move into their late teens.

MCG is one of 115 Cystic Fibrosis Foundation centers where patient care, research and educational efforts focus on this genetic disease. Centers such as MCG gather data useful in determining treatments that work and in defining areas of needed research. ■

Nursing Alumnus Finds Fulfillment Serving Eskimos

Christine Hurley Deriso

Doris Bonilla remembers when she used to get in her car and drive to get where she needed to go.

These days, she's more likely to travel by dog sled. And transportation is the very least of the ways her life has changed in the past three years.

Mrs. Bonilla, the mother of three grown children (including daughter Gina Boyd, who works in the Medical College of Georgia School of Nursing), was in her 50s when she decided it was time for a change. She'd owned her own business in Augusta but was ready to move on.

"I wanted a second career. I really had always wanted to be a nurse, but my father discouraged me when I was young," Mrs. Bonilla says. "I decided to go back to school and do what I'd always wanted to do."

So Mrs. Bonilla enrolled in the MCG School of Nursing, anxious to devote her life to helping others. It was a natural calling. Her father was a lay missionary, and she remembers traveling with him around the country as a child, observing suffering and misery close up. "I guess because of following him around the states, I saw people's needs," she says.

She's reached out to her fellow man ever since, devoting enormous amounts of time and energy to volunteer causes. She was working for a Catholic-run crisis center in Texas several years ago when she learned the art of enlisting the aid of others. She asked local hotel managers if they had any old or unused supplies she might be able to pass along to the needy. They donated dozens of sets of linens. "I thought, 'Wow, I think I'm on to something,'" she says.

After moving to Augusta from Texas, she attended a Haiti missionary's lecture in town and was horrified to learn of Haitians' deplorable living conditions. "After the program, I went up to her and said, 'Do you need linens? I can get you some.' The lady said, 'Honey, the Lord must have sent you to me.'"

But linens were the least of Mrs. Bonilla's contributions. Before long, she began making her own trips to Haiti, visiting their medical clinics and finding out what supplies they needed. Then she'd come back home and try to rustle up donations. She eventually founded an international mission organization to spearhead the effort. "We ended up shipping between 15 and 30 tons of medical supplies to Haiti," she said.

Her trips to the country made a lasting impression. "Haiti is extremely poor," she said. "There's a small very rich segment of society and nothing in between. The poor are terribly oppressed. It's awful the way they treat their own people," she says, noting her observations of children doing back-breaking labor and dying young because of it.

Mrs. Bonilla was heartbroken when the recent political unrest in the country forced her to halt her efforts in Haiti. But instead of giving them up, she just focused them in a new direction. After earning a bachelor's degree in nursing from MCG in 1991, she earned two master's degrees at the University of South Carolina. Which is how she ended up traveling in dog sleds.

Mrs. Bonilla is of Indian heritage, and she wanted to reach out to her ancestral community. After earning her master's degrees, she moved to Bethel, Alaska to work for the Indian Health Service, a federally funded program. She oversees immunization and other health services for 56 Eskimo villages, traveling from one to another by whatever means of transportation she can find. A bush pilot usually flies her to a central location, then a sled or cart takes her the rest of the way. "My husband says a poor ride is better than a proud walk," she laughs.

Also as part of Mrs. Bonilla's work, she is participating in a Johns Hopkins-Centers for Disease Control research grant to learn why the Eskimo population is at such high risk of respiratory syncytial viruses, potentially deadly attacks on the respiratory system. Babies are particularly susceptible, so Mrs. Bonilla tests all newborns in the villages for the virus. She treats those with the virus and tries to determine the factors that put them at risk.

Mrs. Bonilla has developed a deep love for the Eskimos, whom she characterizes as exceedingly peace-loving and friendly. "They have a very low crime rate. And there are no nursing homes there. They take care of their old people. They give food to them before

Doris Bonilla boarding plane to take her to Eskimo villages

they eat."

She wishes she could do more to improve their lives. The villages she serves are utterly poor, she said. They're subsistence people. They hunt moose and caribou, and they fish." They live in huts (not igloos) and have no indoor water or plumbing.

"The people are Americans, but they're not treated equally," she says. "We have a Third World country right here in the United States. I would recommend this kind of work to anyone who wants to go into transcultural nursing. There's a whole world of people who really appreciate your efforts."

Mrs. Bonilla's contract with the Indian Health Service expires in May 1996, and she's not sure what she'll do after that. Logistics are a problem; husband Bob still lives and works in South Carolina. "It makes for long, expensive telephone calls," she laughs.

But her husband and children thoroughly support her work; in fact, they're overwhelmed with pride.

"They all support what I do, she says. I don't consider myself particularly adventurous or brave, but there's so much to see in the world. I think people who stay in their own neighborhoods are missing out on God's gift." ■

Group Offers Support for Those With Breast Cancer

Christine Hurley Deriso

The burden of breast cancer far exceeds the toll taken on the body. For most women, breast cancer strikes at the soul.

The emotional issues associated with breast cancer – which plagues one in every seven or eight women– vary depending on the individual and the stage of the disease, said Betty Till (BSN '80 and MSN '90), an oncology clinical nurse specialist at the Medical College of Georgia. Upon diagnosis, women typically are consumed with fear; survival is their goal. But as treatment progresses, many find themselves struggling with other issues as well.

"There are many issues related to self-image and relationships that women with breast cancer have to deal with, Ms. Till said. Women who face losing a breast, for example, may fear the loss of love of a husband or boyfriend. The women themselves may be repulsed by what they consider a deformity. Even those who accept the loss with equanimity will grieve to some extent for the body they once had, Ms. Till said.

Chemotherapy may change their appearance further still. "Women may have to deal not only with the loss of a breast, but of their hair.

Such a visible reminder of the disease forces another issue: if and when to share the news with others. "Women may wonder, 'How do I share this information? With whom do I share it?'" Ms. Till said. Breaking the news to co-workers – who may notice absences due to doctor's appointments and treatments – can be particularly worrisome, she said.

Of course, every woman must ultimately decide for herself how to deal with her disease. "I think people handle any kind of trauma in their own way," Ms. Till said.

But they should realize that help is available. Breast cancer support groups can be invaluable, Ms. Till said. "Even those with lots of family support may need to identify with someone who's had breast cancer," she said. "There's no better resource than someone who's been there."

Women tend to drop their defenses around others with the same problem, Ms. Till said, and their shared insights and experiences can help each other immeasurably. The most important message women have to share with each other, she said. is that breast cancer needn't equal a death sentence.

"At some point, those with breast cancer have to realize that life has changed and is different, but that life does go on," Ms. Till said.

Ms. Till directs a breast cancer support group the first Thursday of each month at 7 p.m. Meetings are held in the Dogwood and Magnolia rooms of the cafeteria on the second floor of the MCG Hospital.

"Our goal is to try to meet the very special needs of these patients in terms of adjustment, support and chance to connect with someone who's also had breast cancer," Ms. Till said. Meetings include brief lectures or educational sessions; open discussions; and the chance to meet professional or non-professional volunteers associated with breast cancer. All women with breast cancer are invited. Meetings are free, and no registration is necessary.

For more information about the meetings, contact Ms. Till at (706) 721-4062. ■

A Note From the Alumni Association President

Gene Murdock

Last spring was the first time I had the honor of presenting the School of Nursing Alumni Association's Best Thesis Award during the honors convocation. However, before doing this, I made sure to challenge graduating class members to support and become active members of their alumni association.

Following convocation, I traveled to the Civic Center for graduation ceremonies. It was during graduation, looking out over the future of our profession, that I reflected on how quickly time passes. It was only 17 short years ago that I was in their place. I then reflected that sitting before me were the future patient-care providers, researchers, educators, administrators, legislators, entrepreneurs, etc., and for some of them, the School of Nursing Alumni Association had a part in their being at this ceremony.

It is our responsiblity as alumni to support and promote the students, as well as the School of Nursing as a whole. I encourage all alumni to join the School of Nursing Alumni Association and to be as active as you possibly can. Remember, the students we foster today are our profession's tomorrow, just as we were in the recent past.

Please contact Jeannette Parker at (706) 721-4001 or (800) 869-1113, or me, Eugene J. Murdock, CRNA, MSN, at (706) 721-0115 if you have any questions or suggestions. ■

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innovations creatively to enhance student learning; and who exhibit the highest standards of intellectual achievement and continuing growth, social responsibility and concern for students.

- Active partnerships with business and industry, cultural and social organizations and government in order to analyze, project and respond to changing state and regional needs, to support Georgia' economic and cultural development and to ensure that its graduates are prepared for the future.
- Campus learning communities that engage students with the ideas that mark educated persons, global and multicultural perspectives and advanced technology to develop both ethical principles and intellectual flexibility for the world of tomorrow; and that celebrate and energize the student spirit, while respecting and supporting the different ways students develop their minds, their persons and their citizenship.
- Leadership in establishing higher state standards for post-secondary education and—with the public schools and technical institutes—in improving and valuing education at all levels, helping students move smoothly within the system and from one educational sector to another, and ensuring that all students who enter the university system are prepared to succeed.
- A constitutional board of regents that establishes clear policies and review procedures to promote the continuing improvement of every unit and of the system as a coordinated whole, that encourages initiative and innovation throughout the system, that requires full accountability from all and that ensures responsible stewardship.

The University System of Georgia will hold itself accountable to the citizens of Georgia for the effective and efficient use of every available material resource, new technology and human insight and activity to achieve access to academic excellence for all citizens, and to charge its collective intellectual power on behalf of the state. ■

Class Notes

School of Medicine

Dr. Dan Sullivan ('49), Augusta, has been in charge of the surgical residency program at University Hospital for 30 years. The MCG Department of Surgery named the program its Surgery Program of the Year for 1994.

Dr. Gordon C. Carson III ('65), Conyers, Ga., is chief of emergency radiology at Grady Memorial Hospital and Emory Medical School. He is a fellow of the American Society of Emergency Radiology and a member of the American College of Radiology Committee on Emergency Radiology. He is second vice president of the American Society of Emergency Radiology and has a second-degree black belt in Hap Ki Do.

Dr. Ronald N. Cook ('74), Atlanta, has joined the staff of the Emory Clinic primary-care section at Crawford Long Hospital. He specializes in internal medicine/primary care. He is a member of the American Medical Association and the American Society of Internal Medicine. He is board certified by the American Board of Internal Medicine and is co-founder of the Grant Park Family Health Center Inc. in Atlanta, a non-profit organization providing health care on a sliding-scale payment schedule for the indigent and working poor.

Dr. Mary Marie Faucher ('79), a board-certified anesthesiologist, practices pain medicine and independent medical consulting at Georgia Healthcare Consulting Inc. in Atlanta. She is a fellow of the American Academy of Disability Evaluating Physicians.

Drs. Charles Spann ('83) and ***Carrell Spann ('83),*** Las Vegas, New Mexico, had a daughter May 25, 1994. Charles is a radiologist at Northeastern Regional Hospital; Carrell is in private practice as a dermatologist.

Dr. R. Norman Harden ('84) is on staff at the Rehabilitation Institute of Chicago. He joined the institute in 1993 and is director of the Center for Pain Studies. The Rehabilitation Institute of Chicago is an academic affiliate of Northwestern University Medical School.

Dr. Mark L. Mudano ('84), Tampa, Fla., started Tampa Bay Orthopaedics in 1990. A partner recently joined the practice and a second office was opened in Tampa Aug. 1. They are the team physicians for the Tampa Yankees (a New York Yankees organization), Tampa College and several area high school football programs. His second son was born June 30, 1994 in Augusta. Dr. Carol G. Pryor ('47), the baby's grandmother, delivered him at St. Joseph Hospital. Michael Manganiello Mundano is her second grandson. Dr. Mudano's wife, Vicki, practices law in St. Petersburg, a short commute from Tampa. Their first son, Robert, began first grade this year. All is well in Tampa.

Dr. Jacqueline Fincher ('85), Thomson, Ga., has been named president of the American Heart Association, Georgia Affiliate, for 1994-95. She will share leadership with George Flowers of Columbus, Ga., who was named chairman. She has served as a volunteer with the heart association since 1988. She and her husband, also a physician, have a private medical practice in Thomson.

Dr. Debra Jean Gradick ('85) lives in Morrison, Colo., with her husband, Dr. Kenneth W. Kulig. She is vice chairman and director of quality assurance in the Avista Hospital Department of Emergency Medicine in Louisville, Colo.; attending physician in the Denver General Hospital Department of Emergency Medicine in Denver; assistant clinical professor of emergency medicine and trauma at the University of Colorado Health Sciences Center Department of Surgery in Denver; and a part-time staff physician at the Seven Mile Clinic in Winter Park, Colo. Her interests include competitive water skiing, snow skiing, swimming, competitive running and reading.

Drs. Kay and Stephen Kitchen ('85) had their third daughter, Stephanie Hope, on July 17, 1994.

Dr. George K. Davis ('86), Matthews, N.C., practices internal medicine in Charlotte, N.C. He recently was named physician in charge of the East Charlotte Medical Office of Kaiser Permanente and received the 1992 Outstanding Physician Award of Kaiser Permanente. He has two sons, George K. Davis II, 4, and Zachary R. Davis, 1.

Dr. George Fuhrman ('86) is a surgical oncologist at the Ochsner Clinic in New Orleans.

Dr. Wm. Anderson (Andy) Nish ('86) has left the Air Force and his position as chief of the allergy-immunology service at Keesler Air Force Base in Biloxi, Miss., to enter private practice in Gainesville, Ga. He joins fellow MCG alumni Michael J. Maloney and John A. Yarbrough as the third allergist at the Allergy and Asthma Clinic of Northeast Georgia. He was recently elected a fellow in the American Academy of Allergy and Immunology and the American College of Allergy and Immunology.

Dr. William Pilcher ('86), Decatur, Ga., is a faculty member in the Emory University Department of Cardiology. He trained at the University of Alabama in Birmingham in internal medicine and at Emory in cardiology. He and his wife, Dr. Dreama Jenkins-Pilcher ('86, who will complete a residency in dermatology at Emory in July '94), have a son, William Cain Pilcher Jr., born Dec. 23, 1992.

Dr. Lawrence A. Sale ('86), Atlanta, has practiced anesthesiology at Piedmont Hospital for four years since his residency at Emory. He finished six years of Naval Reserve duty and had a fourth daughter Oct. 1, 1993. He has been married for 16 years to Patricia Sale (PA, '81.)

Dr. Claude T. Su ('86), Savannah, practices cardiology and subspecializes in nuclear cardiology. He is board certified in internal medicine and cardiovascular medicine and is a fellow of the American College of Cardiology. He and wife Susan Aeger Su, M.S.N. (a former instructor in adult nursing at MCG) have two children, Laura Ling Su, 4, and Catherine Mei Su, 3.

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Dr. Fred Young ('86), Athens, Ga., is chief of the medical staff at St. Mary's Hospital. He and wife Amy Frances (Barnes) (BSN, '85) have children Porter, 5; Wilson, 3; Mary Jane, 2; and Mollie, 3 months.

Dr. J. Douglas Quarles Jr. ('87), Monmouth Jct., N.J., is completing a urology residency at Robert Wood Johnson University Hospital in New Brunswick, N.J. and is going into private practice in Aiken, S.C., in August 1994. He and wife Teresa had their fourth child in April.

Dr. Keith N. Phillippi ('89), Tifton, Ga., is an anesthesiologist for Tifton Anesthesia Associates at Tift General Hospital. He recently was board certified by the American Board of Anesthesiology.

Dr. Hugh M. Gloster Jr. ('89) recently completed a year as a fellow in Mohs Micrographic Surgery at the Mayo Clinic in Rochester, Minn. On July 5, he began work as a dermatologic surgeon at the University of Cincinnati Hospital, which is connected with the University of Cincinnati School of Medicine. He performs Mohs, laser and other types of cancer surgery. He attended MCG on a Board of Regents Scholarship and was inducted into Alpha Omega Alpha, a medical honor society. He and his wife, Dr. Angelique Gloster, a pediatric specialist at the Children's Hospital in Cincinnati, are the parents of Erin Victoria, born in July 1993.

Dr. Judith Lewis ('89), Toccoa, Ga., practices general internal medicine at the Toccoa Clinic Medical Association. She and husband Wendell Corey had their first child, Kevin Michael, March 26.

Dr. Mary A. Barrow ('90) practiced as an instructor of medicine at the University of Alabama-Montgomery internal medicine residency program for a year and went into private practice in Nashville, Tenn., at St. Thomas Hospital in August 1994.

Dr. Paul Roddenberry ('93) married ***Laura Shaker (nursing, '90)*** Sept. 24, 1994.

Obituaries

Dr. Stephen L. Harp ('36) died April 6, 1994.

Dr. Roy Denney ('38) died Feb. 23, 1994.

Dr. Glenn Seymour ('43) died Feb. 28, 1994.

AlumNews

Editor Christine Hurley Deriso
Writers Toni Baker
Christine Hurley Deriso
Ingrid Heggoy
Glenn Hudson
Design Travis Tom
Photography Phil Jones

Dr. Robert Clifford Montgomery II ('44) died July 27, 1994.

Dr. Mitchell Brice II ('45) died June 20, 1994.

Dr. Miles Mason Jr. ('45) died May 1, 1994.

Dr. Dillard Nix ('45) died March 29, 1994.

Dr. Herbert Conner ('46) died June 29, 1994.

Dr. Reese Eberhardt ('51) died Feb. 20, 1994.

Dr. Cecil Pirkle ('51) died May 5, 1994.

Dr. William Dickson ('54) died July 13, 1994.

Dr. Edgar Howell Jr. ('56) died June 4, 1994.

Dr. Richard Turner ('57) died Feb. 26, 1994.

Dr. Edward Holt ('61) died Feb. 3, 1994.

Dr. Garry L. Bullock ('91) died July 16, 1994.

Dr. Thomas Templeton, a former fellow/resident/intern, died April 20, 1994.

Dr. Gratien Brice died July 5, 1989.

School of Nursing

Mary Dotson ('87), Statham, Ga., specializes in adult public health nursing and is the lead nurse at the Athens-Clarke County Health Department in Athens, Ga.

Betty Couch, the mother of ***Catherine Couch Kuhns*** (BSN, '88, SONAT) is trying to get in touch with two of her daughter's classmates, Tracy Walker and Cassie Broderick. Please contact MCG's alumni office at 706-721-4789.

Deadline for submitting information for publication in the spring issue of AlumNews is March 15, 1995

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

❑ Male ❑ Female

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

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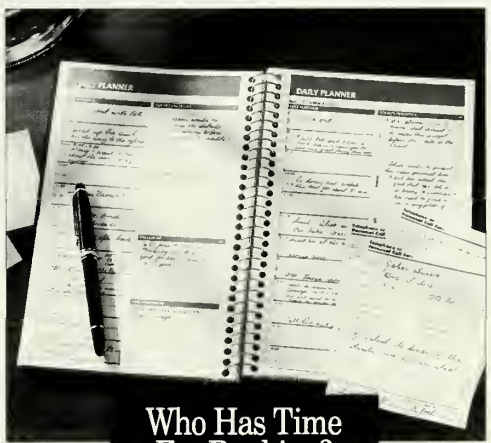

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THE REAL THING *(almost)*

"We are moving from a 1960s-style pre-clinical teaching laboratory to the state of the art."

That's how Dr. David Myers, dean of the Medical College of Georgia School of Dentistry, describes the changes taking place in dental education at MCG.

Dr. Myers' assessment stems from a totally new approach to dental education at MCG, taking shape in the form of a simulated preclinical teaching laboratory. The MCG School of Dentistry, in partnership with the Adec Corporation and Nevin Laboratories, has begun design of a custom patient simulator mannequin and clinical workstation that will allow students to practice using dental instruments in a simulated oral environment and clinical setting before working on real patients.

"It will bring the MCG School of Dentistry to the state of the art in pre-clinical teaching laboratories," said Dr. Myers. "It will provide a realistic environment for students to learn pre-clinical techniques before they actually go into the clinic. When they do go to the clinic, they will be better prepared and better able to transfer what they've learned in the lab to the patient. There is a tremendous jump from the lab to the patient. This should make that transition for the student and for the patient a great deal easier."

Dr. Gene Dickinson

The project is funded by the Georgia Lottery, with matching funds from MCG and private sources. The Hinman Dental Society donated $25,000 to fund technology for the simulated patient laboratories presently under construction. Construction of the clinical area which will house the simulators is scheduled to be completed in April.

Once design and production is complete, the 55 patient simulators will allow an entire class of students to practice procedures at the same time. Each of the simulators will be fitted to a workstation, which will include a computer monitor and complete clinical setup with air-driven hand-pieces. There will also be a teaching station where professors can perform dental procedures on a mannequin while each student watches the procedure on his monitor and follows along on his mannequin.

The video equipment at the teaching station will be able to send many different types of images to each student worksta-

tion and tie in with MCG's statewide telemedicine network. "The concept is for this system to tie in with telemedicine and distance-learning, so the potential of this system is unlimited," Dr. Myers said. This will have the potential to reach around the state, around the nation and around the world, for that matter. We can communicate with anybody anywhere through teledentistry."

The teaching station will have the capability of sending a variety of signals to each student, including 35mm slides, laser disks, computer-generated images and video-camera input, according to Dr. Gene Dickinson, director of clinical trials at the MCG School of Dentistry and one of the designers of the preclinical labs. "We will have the capability of actually showing six different windows on each monitor. We will have five rows of simulators with 11 on each row. We can send different images to each row, so if students are working at different rates—for instance, if one group is ahead of the rest of the class or if a group needs to stop to review—we can do that without stopping the whole class."

The lab "will help us make our clinical education program much more realistic," said Dr. Myers. "As far as preclinical techniques and facilities, dental education at MCG hasn't changed since 1971. The pre-clinical labs are the same now as they were then, and this will be the first upgrade that we've had."

"What we use now [to train students pre-clinically] is basically a simulated head on a stick," said Dr. Dickinson. "Most of us were trained on this concept. This entire apparatus was clamped to a bench, but it really wasn't the same type of simulation. It was very difficult for us to place that apparatus in all the clinical positions to teach proper operating position for the comfort of the patient and the efficiency of the dentist to perform dental procedures. Once we would begin clinical procedures with the patients, we had to start with very simple procedures because not only were we in a sharp learning curve for teaching procedures, but we were in a learning curve of patient manipulation and patient positioning procedures. We really didn't have a way to teach this until we got to the actual clinic with real patients.

"Now our students will be a leg up before they go into the clinic to begin working on patients because they will have experienced operating in the clinical environment," he said. "This way, we can teach routine procedures on the simulator so the students will be comfortable with the procedure before they get to the patient. Until you've actually done it on a patient, you really haven't done it."

The system is by no means meant to take the place of students practicing on live patients, said Dr. Myers. "A live human patient is a live human patient and a simulator is a simulator. There will still be a transition between the two, but it will be much [easier to make]. The simulator is not going to react like a real patient will react. But the students will be forced to handle themselves and their instruments pretty much in the same way as they will in the clinic. Ultimately, this will enhance our student's clinical capabilities, but it won't replace the clinical experience."

The lab also can be used by practicing dentists to learn or practice a procedure, Dr. Myers said. "This has great possibilities for continuing education."

And the system will serve as a valuable recruitment tool, said Dr. Mike Miller, director of student admissions and academic support for the MCG School of Dentistry. "We believe that anything we can do to improve the instructional program will give us an advantage in recruiting students for the School of Dentistry. The students who have seen the plans and the prototype have been very impressed with the new pre-clinical technique lab," he said. "We are showing all of our interview applicants for 1995 the simulator we have on site now and explaining how it will be used and they've all expressed an interest in how it will help them learn the art of dentistry."

"I believe it will make our dental school more attractive to applicants because when they go to other schools their not going to see anything like this," Dr. Myers said.

The lab will be a new experience for the MCG School of Dentistry faculty and administrators. "We've got a real learning experience ahead of us," said Dr. Myers. "None of us are experienced teaching with this type of technology. We will have to change how we do things. But the faculty is constantly having to adjust to new technology in dentistry, so this shouldn't be a problem. They are enthusiastic about it because they will be on the cutting edge of dental education in this country."

—GLENN HUDSON

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Down Bu

It's Thursday evening in downtown Augusta and a small crowd has gathered inside and outside the Salvation Army building.

Leon Bonner Jr. maneuvers his way inside with a sizeable cast on one leg.

"Hey, Leon," says Daniel Saade, a student coordinator for the Homeless Health Clinic at the Salvation Army.

"Hey, I'm graduating," Mr. Bonner replies. "I'm getting rid of my crutches."

"He got hit by a car," the second-year medical student explains. "We do a little bit of the follow-up here. He's having some other health problems."

Three people saw what happened to Mr. Bonner Aug. 6 but nobody got a license tag number. He was taken to the Medical College of Georgia Regional Trauma Center, where he'd spend the next 17 days and where he still goes for follow-up care.

On this Oct. 6 evening, he's back on the street—his home for too long—and back at the Homeless Health Clinic needing treatment for a rash.

"My leg still hurts, but it's much better," Mr. Bonner says. "I don't even remember getting hit. They put it in the paper wrong. They had me lying down in the street."

Mr. Bonner and his wife were married for 14 years and had three children; he was a certified nursing assistant and emergency medical technician who had worked for six years at MCG. His background is obvious as he describes how his tibia and fibia were both broken in the accident.

The day in 1991 when his wife left, much of his life left him as well. He abruptly quit his job and went back to Texas to be near his own kin. "The divorce kind of took me for a loop. You know, I went back home, visited my mom. I had my own place for a while. The kids came down and visited me. It hasn't been all bad. Then I came back here, tried to work things out. This past Christmas we tried to reconcile our differences. It didn't work out."

Still he was back near his children, working and beginning to put his life back together; he had a place to live and a car until the accident Aug. 6. His job was temporary, so he had no insurance. He was angry at the man who hit him and drove away. But time in MCG Hospital put him face-to-face with the problems of others. "I realized that once you see other people's problems, yours can be very, very small."

Mr. Bonner would never have imagined himself as a homeless man, needing what these Medical College of Georgia students, family medicine residents and faculty can offer at the Homeless Health Clinic. "Sometimes I don't even sleep at night," he said of life on Augusta's streets. "Just like it can happen to me, it can happen to anybody. In the blink of an eye, everything can be taken away from you."

"A good percent [of life] is effort. A lot of it is just what happens to you," Daniel, the clinic's student coordinator, says. "I'm lucky to be in medical school. I've worked hard and everything, but I've been given opportunities other people haven't. If things had taken a turn for the worse, I might not be here. There'd be other people who hadn't had the opportunities who would be here instead. I've always felt very lucky."

As he scurries around with clipboard in hand trying to keep the clinic running efficiently, Daniel, a second-year student, also has his mind on the next day's microbiology test. The process of learning is a busy one for medical students and residents, but the individuals gathered that evening are puzzled by questions about why they make time for the weekly clinic.

First- and second-year students such as Holly Sternberg man the front of the clinic, checking patients in, taking vital signs, talking to patients about the problems that brought them to the clinic. Nurses from MCG Hospital also volunteer for this on many nights.

Once patients are registered, second-year students join third- and fourth-year students in the examining area as they perform initial examinations on patients. This puts the older students in the role of teacher. "Some of the best teachers I've seen are the students here," says Daniel. Family medicine residents and faculty then talk with the students to determine what they have learned. Students watch and listen as the doctors also talk to patients and develop a definitive diagnosis and treatment plan. "They expose the problem, they try to make some sort of preliminary diagnosis, then we walk in," says Dr. Joseph Hobbs, family medicine physician, associate dean for primary care and faculty advisor to the Homeless Health Clinic.

"What I tell the students all

Not Out

the time is they shouldn't confuse this with a service because this is a trivial service when you look at the issues that the homeless face. What they really need is access to a full-scale clinic close enough and accessible enough that they can get continuous, comprehensive medical care from a physician willing to provide it. At best, this is a stopgap thing. This is really more of a learning environment than a service environment. "

He also tells the students that as they volunteer their time to provide some basic medical care for Augusta's homeless, they'll be getting much more than they can give.

"The clinic helps keeps school in perspective," Daniel says. "We all get caught up in grades, but the clinic reminds me of why I came to medical school."

"This is sort of the essence of medicine," says senior Denise Kennedy. Her husband and fellow student, Phillip, is there, too. Daniel says that although finding clinic volunteers isn't too tough, it's good to have dependable regulars such as the Kennedys.

Another regular is senior Chris Cerjan who works as clinic pharmacist, dispensing commonly used drugs such as antihistamines, antibiotics and medicines for an upset stomach. "I mistakenly said 'Yes,' when they said, 'Do you want to learn to run the pharmacy?'" he says with a laugh. Chris started with the clinic when he was a sophomore; now he's the one getting to know the younger students and watching them grow professionally.

The small pharmacy Chris mans is stocked with a few confiscated samples but mostly with drugs paid for by dollars made available to MCG Hospital through the Indigent Care Trust Fund. When a patient needs a prescription filled, he takes it down the road a few blocks to Maxwell House Pharmacy. "I just think it's the right thing to do; it's just a pleasure to do it," says pharmacy owner Clarence Jackson. He then bills the Salvation Army for the drugs—usually that's about $100 dollars a month—and the Salvation Army bills MCG.

"There are a lot of families that come in," says Anne-Marie Ethier, a third- year student. "Oftentimes they won't give you any details about why they are homeless or the situation they are in, but sometimes they will. It's a valuable experience for me, too." Students get lessons on how to ask questions and deal with difficult issues; they learn more about each other; they get to know faculty and residents at a very different level. "Everybody relaxes," Daniel says.

These feelings expressed by students of today are much the same as the handful of those who founded the clinic in October 1989 as a project for the MCG Family Practice Student Interest Group that would serve Augusta's community.

"This is a free clinic. Remember that invasion of a patient's self-esteem, pride or privacy invalidates this benefit since these aspects are of greater value than money itself," states the clinic's handbook that was originally hand-written by Dr. Sam Rice, a 1990 School of Medicine graduate. His hand-written text is now a typewritten manual kept at the clinic.

"The greatest thing is [the clinic] has continued," says Dr. Rice, who now practices in scenic north Georgia's Habersham County.

"I hurt my back two weeks ago. I pulled a muscle in it," says patient Leonard Stabler. "I ain't never been one for doctors. I tried to put it off and put it off, but it got to the point I couldn't do nothing." So he came to see the people who are there for him. "If they didn't come down here, we wouldn't have nobody to see. Most people, when they find out you are homeless or on some kind of program, their first reaction is, 'Why waste my time?'"

Mr. Stabler had a family, a successful career as a carpenter and a paid-for home in Aiken. He's candid about the fact that he walked away from it all because of a problem with alcohol. He's just as frank about the fact that he wants it all back. "I got tired of being tired, running the streets, drinking and drugging and tired of not having nothing, working from day to day for something to get drunk on or something to get high on."

Services such as the Salvation Army's substance-abuse treatment program and the Homeless Health Clinic are helping him change direction.

"A lot of people lose self-respect and they don't care any more," Mr. Stabler says. "You are out there, man, and the world out there is getting raggedy. I ain't scared of it. I've been out there. I've seen some awesome things I don't want to witness no more. I'm ready to turn this around and benefit from it and make something of myself." ■

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Nurses of the Future

Drs. Joseph Maloney and Virginia Kemp

Educators don't exactly have a crystal ball, but they tend to develop a knack for peering into the future.

Nursing educators at the Medical College of Georgia have been peering overtime lately. The times, they say, demand a keen sense of prescience. The MCG School of Nursing responds to changes in the field and tries to predict future changes, ensuring its students the best and most targeted training, its faculty says.

"Nursing education is very astute to recognize changes and adapt itself to meet those changes," said Dr. Katherine Nugent, associate dean for undergraduate programs at the MCG School of Nursing. "It continually adapts itself to the environment, trying to balance out what's just a fad and what's a movement."

The curriculum of MCG's undergraduate nursing program has been essentially unchanged for about seven years. When Dr. Nugent joined the staff three years ago, the school was re-evaluating and enlisting her expertise to spearhead an overhaul.

The revised undergraduate curriculum she oversaw debuts with next year's junior class. The most significant changes reflect the nursing field's expansion beyond hospital walls.

"We feel there will be a significant shift toward community sites and agencies," Dr. Nugent said. "With the downsizing of hospitals, some students can't get jobs in hospitals or acute-care settings."

"The shifting job market has hit some students rather hard," said Dr. Vickie A. Lambert, dean of the School of Nursing. "We've attempted to address the issue straight on. If our graduates don't have a hospital option, we want to make sure they have an option elsewhere in the community."

Other trends Dr. Nugent and the faculty identified were increasing emphasis on health promotion, disease prevention and managed care. Society's changing demographic picture is also forcing change. "The curriculum emphasizes the care of an aging population and of chronic illness," she said. "We have people living with illnesses they wouldn't have survived before."

The nursing field of tomorrow also will increasingly reflect a patient's preeminence regarding his health care. "We will emphasize clients having more say in their care," Dr. Nugent said. "We chose to define those concepts in terms of the family." Several undergraduate courses will address this mindset, dealing with issues such as family problems arising from mental-health disorders and families' complex health problems in a community setting. Juniors will take courses in the health care of every stage of life, from conception to old age, and will explore how one family member's stage of life affects the others.

The junior year focuses on physical assessment and health promotion, with clinical work in both hospital and community settings, and will include an ethics course. The senior year will focus on more complex problems.

"The whole undergraduate curriculum is family-focused," Dr. Lambert said. "The students will have more out-of-hospital experiences. We'll have students in sites such as well-baby clinics and day-care centers, and the students will give immunizations next year in the Augusta-area school system with the School of Medicine faculty as medical backup. We hope to be able to do that every year."

A change that will permeate every aspect of MCG nursing students' undergraduate educa-

tion is a new approach to teaching. "We've learned that what matters most isn't so much the content we teach as that students are able to think critically on their own and adapt to change," Dr. Nugent said. "The literature really shows students don't think critically if you spoon-feed them."

New teaching strategies will include more interactive computer work; student and small-group presentations; journal-keeping in which students write about their impressions and experiences; guided-imagery in which students envision themselves in their patient's place and write from his perspective; and problem-solving techniques.

The faculty, she said, has demonstrated exceptional commitment and dedication. "One thing the faculty believes in consistently is to do what's best for the students," she said."They've shown tremendous creativity and enthusiasm in revising the curriculum."

The undergraduate program isn't the only one undergoing extensive revision. The nursing school's graduate program has added new tracks in nurse anesthesia and nurse practitioner, which will begin next fall.

"The nation is going to need more advance-practice nurses, regardless of what happens in health-care reform," said Dr. Virginia Kemp, associate dean of graduate programs and research in the nursing school.

The nurse anesthetist program will be the only one in the state. Six students will be admitted in the fall. Eventually, 15 students will be admitted per class.

The school has recruited a coordinator, Fred Lupien (see *AlumNews,* page 18), and will recruit two faculty members for the program. The American Association of Nurse Anesthetists evaluated the program during the fall to lay the groundwork for accreditation.

MCG's program should help alleviate the shortage of nurse anesthetists in Georgia, Dr. Lambert said. "There is a great need for nurse anesthetists in Georgia," she said. "The state has been without a program for more than a decade."

"The need for nurse anesthetists is particularly acute in rural Georgia," said Dr. Joseph Maloney, associate professor of adult nursing at MCG who helped developed the program along with Dr. Kemp. According to a 1989 Congressionally mandated study, more than 6,000 additional certified registered nurse anesthetists are needed in the country, and 40 percent more are expected to be needed by the year 2010. MCG's is the state's only nurse anesthetist program.

The School of Nursing worked closely with MCG's School of Medicine Department of Anesthesiology to develop the program, Dr. Lambert said. "This is truly a collaborative effort," she said.

The nurse practitioner program will include a neonatal, pediatric and family track. Six students will be admitted into the neonatal track, six into the pediatric track and 15 into the family track. Nurse practitioners have advanced skills and can provide physical examinations, diagnoses and treatment plans in collaboration with physicians.

"Master's education traditionally has prepared students in a particular health problem, like diabetes or asthma," Dr. Kemp said. The practitioner program will provide a broader, more comprehensive approach to health care.

"We already have a list of 250 people interested in the practitioner programs and more than 100 interested in the anesthetist program," Dr. Kemp said. "We hope to expand, but we have to make sure we have placement for students. Our goal is an excellent program. To do that, we have to offer ample clinical opportunity, and that means keeping the classes small." ■

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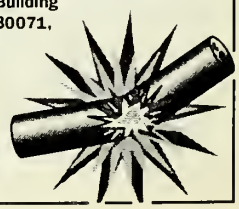

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